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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	

Office Use Only



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TRANSMITTAL LETTER

Division of Co			
SUBJECT:	s	ieckel, L.L.C.	
		d Liability Company)	
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	condence concerning this matte	er to the following:	
	A	drian Sieckel	
	a	Name of Person)	
	Si	ieckel, L.L.C.	
	(Firm/Company)	0 22
	೯೦೦ ರಷ್ಟ	all Kara Dahara A 4000	2005 MAY 18 PM 1: 06 2005 MAY 18 PM 1: 06 DIVINUM OF SEE, FLORIDA DIVINUM OF SEE, FLORIDA
	520 Bricki	ell Key Drive, A 1003 (Address)	- F
			3 PP
	Mia	mi, Florida 33131	프 -
· · ·	(City)	State and Zip Code)	O6 ORIDA
For further information	concerning this matter, please	call:	7 70
	n Sieckel	at (305) 491-	1459
(Name	e of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divisi 409 E	EET ADDRESS: tration Section ion of Corporations Gaines Street	MAILING A Registration S Division of Co P.O. Box 632	ection orporations 7

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLE I - I	Name: E Limited Liability Company	ia	18/18/1
The name of the	e Elinited Liability Company	15.	FILE OF 1:06
Sieckel, L.L.C.			
A TOPOTON TO TE	A Jakuana.		RIDA
ARTICLE II - The mailing add		e principal office of the Limited I	iability Company is:
The maning acc	aross and succe address or ar	o principal office of the Emilion 1	naomy company to
Principal Offic	e Address:	Mailing Address:	
520 Brickell Key	Drive	520 Brickell Key Drive	
A 1003		A 1003	
Miami, Florida 33	3131	Miami, Florida 33131	
	- Registered Agent, Register he Florida street address of the	ered Office, & Registered Agent the registered agent are:	's Signature:
	Adrian Sieckel		
	Na	ame	
	520 Brickell Key Drive, A 1	003	
	Florida stree	t address (P.O. Box NOT acceptable)	
	Miami, Florida 33131	FL	
	City, Sta	ate, and Zip	
Having been n	amed as registered agent and	to accept service of process for th in this certificate, I hereby accept	e above stated limited

(CONTINUED)

Page 1 of 2

Adrian Sieckel
Registered Agent Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manag		Name and Address:	
"MGRM" = Man	aging Member		
MGRM		Adrian Sieckel	
		520 Brickell Key Drive, A1003	
		Miami, Florida 33131	
		<	2 13
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			\$ 0
			SSO
			[[]]
			7
			36
			75
			
(Use attachment i	f necessary)		
NOTE: An addi	itional article must	be added if an effective date is requested.	•
REQUIRED SIG	NATURE:	iii ii	
	Signature of a membe	er of an authorized representative of a member.	
	(In accordance with sec of this document consti that the facts stated h	etion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury nerein are true.)	
	Adrian Sieckel		
	Ту	ped or printed name of signee	
Filing Fees:			

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)