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(Requ	estor's Name)
. (Addr	ess)	
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(City/S	State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Na	ame)
(Docu	ment Numbe	r)
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10 JUN 21 PM 4: 20

SECRETARY OF STATE

J. BRYAN

JUN 2 2 2010

EXAMINER

COVER LETTER

	sion of Co	orporations					
SUBJECT:	Firehors	se, L.L.C.					
		Name of Limit	ed Liability Com	pany			
The enclosed	Articles o	f Organization and fee(s) are	submitted for filing	ng.			
Please return	all corresp	ondence concerning this matt	ter to the followin	g:			
Eliza	beth Leh	rer					
			Name of Person	·			
			Firm (Commonwell				
			Firm/Company				
<u>P.O.</u>	Box 141	56	Address				
			71001003				
Santa	a Rosa, (CA 95402				PER O	TĬ
elehr	er@shca	Cit Ilobal.net	y/State and Zip Coo	ie		完 经	_
Cicini	er was so	E-mail address: (to be used f	for future annual rep	ort notification	1)	SER T	n
For further in	formation	concerning this matter, please	e call:			JUN 21 PH 4: 20 GRETARY OF STATE LAHASSEE, FLORID	C
Elizabeth L	ehrer		. 707	\575-056	:A	器 2	
Liizabetii L		of Person	at (<u>707</u> Area Coo	_/	elephone Number	7	
Enclosed is a	a check fo	or the following amount:					
□\$125.00 Fil	ing Fee	□\$130.00 Filing Fee & Certificate of Status	U\$155,00 Fili Certified Co (additional co		Certified C	of Status &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 Ex	Courier Address tion Section to of Corporation Building secutive Centessee, FL 3230	ons er Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ty Company, "L.L.C.," or "LLC.")
incipal office of the Limited Liability Company is:
Mailing Address:
9806 Southeast Landing Place
Tequesta, FL 33469
Place ress (P.O. Box NOT acceptable) FL 33469 tte, and Zip
nccept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S ure (REQUIRED)

Page 1 of 2

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

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

"MGR" = Manager "MGRM" = Managing Membe	sp
	•
Heidi Lehrer	9806 Southeast Landing Place
	Tequesta, FL 33469
	MGRM
Ann Vandersteel Gagliardi	9806 Southeast Landing Place
	Tequesta, FL 33469
	MGRM
	SE SE TAL
	JUN 21 ECRETAR LLAHASS
	HE S
	N21 PM 4 HASSEE, FL
	PH 4: 20 EE. FLORID
	A
(Use attachment if necessary)	
	(0,000,001,000,000,000,000,000,000,000,0
	nan the date of filing: (OPTIONAL)
•	nust be specific and cannot be more than five business days prio
00 days after the date of filing.)	
REQUIRED SIGNATURE;	
REQUIRED SIGNATURE:	/

Filing Fees:

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

Elizabeth Lerher, Esq.

that the facts stated herein are true.)

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

Typed or printed name of signee