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04/28/11--01024--006 \*\*130.00 ;

2011 APR 28 AM 9: 46 SECRETARY, OF STATE

C. LEWIS

APP. 2 9 2011

EXAMINER

COVER LETTER TO: **Registration Section Division of Corporations** SUBJECT: The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount: \$130.00 Filing Fee & Certificate of Status \$125.00 Filing Fee \$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

## **Mailing Address**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street/Courier Address

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is	<b>3:</b>
I CAN SIXITSUX	ear, uc.
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13312 moran Drivel Tempa, FL 321018	13312 Mran Drive Tampa, FL 33618
Tampa	registered agent are:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

ARTICLE IV- Manager(s) or Ma	naging Member(s):	1 1
The name and address of each Mana	ager or Managing Member is as fo	ollows: 20H APR 28 AM 9
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STA
MGR	Stephen Gi	illis 1 Drive 13/018
MGRM_	THANG GILL  13312 Moran Tampa, FL	Drive 33018
(Use attachment if necessary)		
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)	ne date of filing: 5-[-]  be specific and cannot be more to	(OPTIONAL) han five business days prior
REQUIRED SIGNATURE:		

\_\_\_\_

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typedlor printed name of signee

Filing Fees:

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

\$ 30.00 Cortified Copy (Optional)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)