112000553707

(Re	equestor's Name)	,
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
•		

Office Use Only

G. MCLEOD

APR 2 0 2012

EXAMINER



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COVER LETTER

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TO: '`	Registration Division of C		•	·
,	Неаг	lRush		
SUBJE	_{сст»} Неас	Name of Limit	ed Liability Company	
		of Organization and fee(s) are	•	
Please 1	return all corres	spondence concerning this mat	ter to the following:	
	Chris M	Varble		
			Name of Person	
	Owner			
•			Firm/Company	
	13026 P	alm Beach Blvd		
•			Address	
F	t Myers.	FL 33905		
•	<u> </u>		y/State and Zip Code	
	Lacretiava	rble12@centurylink.c	OM for future annual report notification	
P C	st !- &	·	•	nu)
ror run	iner information	n concerning this matter, please	e can:	
Chris	Varble		at (239) 225-33	· · · · · · · · · · · · · · · · · · ·
	Name	e of Person	Area Code & Daytime	Telephone Number
Enclos	ed is a check	for 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)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Add Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

HeadRush LLC	rds "Limited Liability Company, "L.L.C.," or "LLC.")	
(Musi cha what ale wo	tes Ellinear Elability Company, E.E.C., or EEC.	
ARTICLE II - Address:		122. 6
The mailing address and street ad	Idress of the principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
13026 Palm Beach Blvd	516 Holly Ave	
Ft Myers, FL 33905	Labelle, Fl 33935	
(The Limited Liability Company cannot serbusiness entity with an active Florida regis The name and the Florida street a Chris M Va	address of the registered agent are: arble Name	
516 Holl	y Ave	
	Florida street address (P.O. Box NOT acceptable)	
Labelle	_{FL} 33935	3 5
	City, State, and Zip	
		above stated limited

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

industrial and	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Chris Varble
	516 Holly Ave
	Labelle,Fl 33935
LE V: Effective date, if other tha fective date is listed, the date in	on the date of filing: 05-01-12 (OPTION ust be specific and cannot be more than five business da
fective date is listed, the date m days after the date of filing.) REQUIRED SIGNATURE:	Lhus larble
LE V: Effective date, if other tha fective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE:	ust be specific and cannot be more than five business da
LE V: Effective date, if other that fective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE: Signature of a in the constitutes an affirmation I am aware that any false	Lhus larble
LE V: Effective date, if other that fective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE: Signature of a in the constitutes an affirmation I am aware that any false	nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State
LE V: Effective date, if other that fective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE: Signature of a in the constitutes an affirmation I am aware that any false	nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)