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FILING CANCELLED RETURNED CHECK

08/06/12--01022--016 **125.00

T. CLINE

AUG - 7 2012

EXAMINER

COVER LETTER

	egistration Section ivision of Corporations	
SUBJECT	, ALTRUISTIC A/V, LLC.	
SUBJECT	Name of Limited Liability Company	
The enclose	ed Articles of Organization and fee(s) are submitted for filing.	
Please retur	rn all correspondence concerning this matter to the following:	
RY	'AN J. MUNDER	
	Name of Person	
AL	TRUISTIC A/V, LLC.	
	Firm/Company	
15	5132 PARK OF COMMERCE BLVD.	
	Address	
JUF	PITER, FLORIDA 33478	
RM	City/State and Zip Code ### CODE ### CODE ### CODE ### CODE ### CITY/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further	information concerning this matter, please call:	
RYAN J.	MUNDER 561 863-7704	
	Name of Person Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number Sample of Person Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number	
Enclosed is	is a check for the following amount:	
∑ \$125.00 Fili	ing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee Certificate of Status & Certified Copy (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	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liebility Company is:	
The name of the Limited Liability Company is:	
ALTRUISTIC A/V, LLC.	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
15132 Park of Commerce Blvd Jupiter, FL 33478	15132 Park of Commerce Blvd Jupiter, FL 33478
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re-	egistered agent are:
E. Scott Schroeder, Esq.	
Name	
11000 Prosperity Farms R	oad #100
Florida street addi Palm Beach Gardens	ress (P.O. Box <u>NOT</u> acceptable) 33410 FL
City, Stat	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited as certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signatur	ire (REQUIRED)
(CONTINU	JED)
Page 1 of 2	53

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Ryan J. Munder	
	15132 Park of Commerce Bivd.	
	Jupiter, FL 33478	<u> </u>
		
		_
		<u> </u>
		
	date of filing: 08/01/2012 (OP	
CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.)	e date of filing: 08/01/2012 e specific and cannot be more than five busine	
CLE V: Effective date, if other than the effective date is listed, the date must be		
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