L1300013/182

(Requestor's Name)
(Address)
(Address)
(
(0), (0), 17, (0),, (0
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certificates di Ciatus
Special Instructions to Filing Officer:
ĺ
•

Office Use Only



300251413983

09/20/13--01025--021 **160.00

FILED

2018 SEP 26 AM 10: 22

SECRETARY OF STATE

SEP 2 7 2013

D. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Ashie Redmond Name of Limited I	Liability Company		
The enclosed Articles of Organization and fee(s) are sub-	·		
Ashlie Redmond	me of Person		
Ashlie Reamond	m/Company	72 SEP	
185 Sw 7th St. #3	403 Address	ASSEE FI	
Miami, FL 33130	ate and Zip Code	IORIDA	
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call Assume Redmond at		812	
Name of Person	Area Code & Daytime Teleph	one Number	
Enclosed is a check for the following amount:			
□\$125.00 Filing Fee □\$130.00 Filing Fee & □ Certificate of Status	Certified Copy	\$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 Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

Ashlie Redmond LL.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
185 SW 7th St. #3403 Michini, FL 33130	185 SW 744 St. #3403 Miami, FL 33130	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:		
Ashie Redmone	<u>J</u> . Fig. Sign of the sign o	
185 SW7+W ?	ress (P.O. Box NOT acceptable)	
Migmi, FC 3313C	D FL te, and Zip	

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)

Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
Marz	AShhe Redmene 185 Sw. 7th 8th Hashes Michi, FL 33180	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be prior to or 90 days after the date of filing.)	te of filing: OPTIONAL) e specific and cannot be more than five business days	
REQUIRED SIGNATURE:	ZIN SEP 2 SLUKE DAR ALLAHASS	
adrie Rednard		
	r an authorized representative of a member of	
constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as	Redmond	
Typed	or printed name of signee	

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

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

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)