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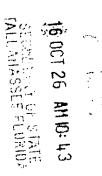
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Fuel This LLC
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael V Lower Name of Person
Name of Person
Firm/Company
6509 Shahab Lane Address
Port Cinnge FL 32128
Port Olnoge FL 32128 City/State and Zip Code m Lowen 1672 P Avi. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Wen at (954) 249-4731 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	Company is:			
, F-(vel this LLC			
	ith the words "Limited Liability (Company, "L.L.C.," o	r "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal office of the	Limited Liability Co	mpany is:	
Principal Principal	l Office Address:	<u>M</u>	lailing Address:	
6509 Sha	hab Lane FL 32128	SAME AS	Principal	
ARTICLE III - Registered Agen (The Limited Liability Company of another business entity with an ac	cannot serve as its own Registered			.l or
The name and the Florida street ac	idress of the registered agent are:			Z, , , , , , ,
	Michael V Lower Name	<u> </u>	<u> </u>	00
	6509 Shahab 1			打 26
	Florida street address (P.O. Box			enter.
	Port Ornnye F City State		}	AND: 43
	City State	: Zip	·····	E 5
laving been named as registered ag lace designated in this certificate, I urther agree to comply with the pro m familiar with and accept the obli	hereby accept the appointment as visions of all statutes relating to th	registered agent and ne proper and complet	agree to act in this o e performance of my	npany at the capacity. I
	Mary			
	Registered Agent	's Signature (REQUII	RED)	

Page 1 of 2

(CONTINUED)

Authorized Member Anager	Name and Address:
BR	Michael Wowen 6509 Shahab Lane Porti Olnoye FL 32128
ent if necessary)	
listed, the date must be speci rted in this block does not mee ve date on the Department of	ific and cannot be more than five business days prior to or 90 days et the applicable statutory filing requirements, this date will not be li
	20 m
SIGNATURE: Mala V	e con contract of the contract
	ther or an authorized representative of a member 5
Ti o	BR ment if necessary) we date, if other than the date of listed, the date must be specified in this block does not merive date on the Department of provisions, if any. SIGNATURE:

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