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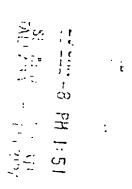
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# **COVER LETTER**

TO: New Filing Section Division of Corporations			
SUBJECT: ECOCY TO P	chieve Academy LLC		
Name of Limited Liability Company			
The enclosed Articles of Organization and	fee(s) are submitted for filing.		
Please return all correspondence concerning	ng this matter to the following:		
<u>Leathr</u>	sa jarreon		
	Name of Person		
	1210.		
	Firm/Company		
2371/RE	Liont closusti		
	Address		
Senford Fl	32773		
	City/State and Zip Code		
1004/206	Marant can		
E-mail address: (to	be used for future annual report notification)		
For further information concerning this mate	ter, please call:		
cottos sonos	8702 ACP 1 450 5678		
Name of Person	Area Code Daytime Telephone Number		
Enclosed is a check for the following amo-	unt:		
□\$125.00 Filing Fee □\$130.00 Filing Certificate of \$			
Mailing Address	Street Address		
New Filing Section	New Filing Section		
Division of Corporation P.O. Box 6327	s Division of Corporations Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Ecocy 10 Achicol Mockey UC

(Must conatin 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:
lion Technology 1555.	2371 ECOPYRETOS TICII 1 500 FO FO 32775

### 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:

Name

SATI Ecote (1980) TrOil

Florida street address (P.O. Box NOT acceptable)

City State 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 605, F.S...

Registered Agent's Signature (REQUIRED)

(CONTINUED)

. . .

## ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
ruch sayou	1011 Ecopyages 1180
NGP	20101C1 FT 20113
<del></del>	
(Use attachment if necessary)	
	of filing: (OPTIONAL)
he date of filing.)	ecific and cannot be more than five business days prior to or 90 days after
Note: If the date inserted in this block does not the document's effective date on the Department	meet the applicable statutory filing requirements, this date will not be listed as of State's records.
ARTICLE VI: Other provisions, if any.	
· · · · · · · · · · · · · · · · · · ·	
REQUIRED SIGNATURE:	
festler	
This document is execu	ember or an authorized representative of a member, sted in accordance with section 605,0203 (1) (b). Florida Statutes.
	e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.

Typed or printed name of signee

# 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)