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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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	Walk-In		P	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

10: 11 STATE FL

ARTICLE I - Name:		
he name of the Limited Liability	y Company is:	SECKETA TALLAHAN
		TALLAHA
	MSQS Properties	, 120
(Must conta	in the words "Limited Liability Con	mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	idress of the principal office of the L	imited Liability Company is:
<u>Principa</u>	al Office Address:	Mailing Address:
, 21828 <u>Ca</u>	nadensis Circle	the same
Boca Rato	n, FL 33428	
ARTICLE III - Registered Age The Limited Liability Company	nt, Registered Office, & Registere cannot serve as its own Registered A	d Agent's Signature: Agent. You must designate an individual or
ARTICLE III - Registered Age The Limited Liability Company another business entity with an a	nt, Registered Office, & Registere cannot serve as its own Registered Active Florida registration.)	Agent. You must designate an individual or
ARTICLE III - Registered Age The Limited Liability Company another business entity with an a	nt, Registered Office, & Registere cannot serve as its own Registered Active Florida registration.) address of the registered agent are: Que-Lan Spei	Agent. You must designate an individual or
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ARTICLE III - Registered Age The Limited Liability Company another business entity with an a	nt, Registered Office, & Registere cannot serve as its own Registered Active Florida registration.) address of the registered agent are: Que-Lan Speir Name 21828 Canaden Florida street address (P.O. Box)	zer sis_Circle
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ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	nt, Registered Office, & Registere cannot serve as its own Registered Active Florida registration.) address of the registered agent are: Que-Lan Spei: Name 21828 Canaden	Agent. You must designate an individual or zer sis_Circle NOT acceptable) FL 33428

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

Tital a .	Name and Address:
Title: "AMBR" = Authorized Member	
"MGR" = Manager	Que-Lan Speizer, as Trustee of the Que-La
AMBR	Que-Lan Speizer, as Trust Agreement dated Speizer Revocable Trust Agreement dated
APIDK	Speizer Revocable IIIIST ng September 25, 2003
	September 23, 2003
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(Use attachment if necessary) TCLE V: Effective date, if other than the da	ate of filing: (OPTIONAL) Recific and cannot be more than five business days prior to or 90 days after
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)