L0700095023

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(City/State/Zip/Phone #)
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Effective Date

2007 SEP 17 AHII: 42 SEGRETARY OF LIMIE

COVER LETTER

TO:	Registration Section Division of Corpora		,	••
SUBJE	FUZZ	2	1 400	
SOBJE	.CI:	(Name of Lin	aited Liability Company)	· · · · · · · · · · · · · · · · · · ·
The en	closed Articles of Organ	nization and fee(s) ar	e submitted for filing.	
	return all correspondenc			
	ALVIN	W.	F122	
			(Name of Person)	
	FUZZ	1	"LLC"	,
			(Firm/Company)	
	19222	NW	82 NO CIR	ctr
			(Address)	
	Hinlenh		\mathcal{H}	33015
		(C	ity/State and Zip Code)	
For furt	her information concern	ning this matter, plea	se call:	
AL	vial W.	For	_at(305) <u>ح</u>	79-0233 aytime Telephone Number)
•	(Name of Pers	on)	(Area Code & D	aytime Telephone Number)
Enclose	ed is a check for the f	ollowing amount:		
□\$ 125.0	00 Filing Fee \$13 Cer	30.00 Filing Fee & tificate of Status	\$155.00 Filing Fee Certified Copy (additional copy is en	Certificate of Status &
	Regi Divi P.O.	ling Address stration Section sion of Corporations Box 6327 ahassee, FL 32314	Street/Courier Registration Set Division of Cot Clifton Buildin 2661 Executive Tallahassee, FI	ction rporations g c Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	Effective Date()
FUZZ 1 LA	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:
19222 NW 82 "CIR, CTR HINGERH FL: 33015	19222 NW 82 CIR, CTR HIALEAH FL: 33015
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	ered Agent. You must designate an individual or another
ALUIN Name	· · · · · · · · · · · · · · · · · · ·
19222 N.W. Florida street addr	ress (P.O. Box NOT acceptable)
Florida street addi HID/ODA City, State, an	FL 330/5 ad Zip
	ccept service of process for the above stated limited

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)
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SECKETARY OF STATE
TALL AHASSEF FI ORIDA

Name and Address:
ALUIN W. FUZZ 19222 NW 8200 CIR HINTERN FL 33015

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

that the facts stated herein are true.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

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

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