

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
A. LUNT
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Ble	dchBrsant (Name of Limited	entral Flor Liability Company)	rida LLC
The enclosed Articles of	f Organization and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Donale	1 Guse	
		ane of Ferson,	
***************************************	(F	irm/Company)	·
	425 C/	peotrat Ave	SECULAR NO.
	On	Jige CiHy F.	32763
	(City/S	State and Zip Code	FLO
For further information	concerning this matter, please co	all:	II: 50 STATE ORIDA
Name	ald Guse a	it (<u>386</u>) <u>220</u> (Area Code & Daytime Tel	F- 9 73 9 Jephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporation	

P.O. Box 6327 Tallahassee, FL 32314 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:	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	21
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Liability Co	mpany is
Principal Office Address: Mailing Address:	
Donald Guse 425 Chestry A.e. Orange City FL	- 63
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 anoth business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: ABS Chostnat Ave Registered Agent's Signature	re: ner
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provisional statutes relating to the proper and complete performance of my duties, and I am familiar	ment as sions of a

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accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

	anager(s) or Managing Member(s): ress of each Manager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Manag	
MGR	Donald Guse 425 Chestrut Ave. Orange City, Fl 32763
	SICRE A
	SE SIMIE SC
	te, if other than the date of filing:
REQUIRED SIGN	NATURE:
ē	Darla Sun
(1	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.) Types or printed name of signee
Filing Fees:	

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

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