## 18000035748

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
Special Instructions to Filing Officer:

Office Use Only



200300778362

02/09/18--01008--001 \*\*130.00

FEB 09 2018

## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Are youllow 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:
Zira Diane Reynolds
Name of Person /
Firm/Company
1710 Neptune Dr. Address
Merritt Island, FL 32952  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & Certificate of Status  S130.00 Filing Fee & Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section  Street Address New Filing Section

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

W. ES. III

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	TI	CI	Æ	I -	Name:	
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The name of the Limited Liability Company is:

(Must contain 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:
1710 Neotune Dr	1710 Nestune Dr.
Merritt Island, FL	merritt Island, FL
32952	32952

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:

Mira Diane Reynolds			
Name	<u> </u>	:3 -	
1710 Nesture Dr.		5	
Florida street address (P.O. Box NOT acceptable)		u) CD	
merritt Island, FL 32952			
City State Zip	(M)	 (•)	<b>L.</b>

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)

AMBR" = Manager  MGR" = Manager  MGR	'AMDD" - Author	izad Mamhan	Name and Address:
Se attachment if necessary)  V: Effective date, if other than the date of filing:  We date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  e date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EQUIRED SIGNATURE:    Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
se attachment if necessary)  V: Effective date, if other than the date of filing:	MGR		Mira Diane Keynolds
Se attachment if necessary)  V: Effective date, if other than the date of filing:			17/0 Nestune Dr.
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V: Effective date, if other than the date of filing:			merritt Island, FL 32952
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ARTICLE IV-