

6445 LAKE SUNRISE DZ Apillo BEACH, FL 33672

City/State/Zip

CR2E031(7/97)

Phone #

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) 2-1650 (Corporation Name) (Document #) (Document #) (Corporation Name) Certified Copy Walk in Pick up time Photocopy Certificate of Status Will wait ☐ Mail out <u>AMENDMENTS</u> **NEW FILINGS** ☐ Profit Amendment Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent ☐ Limited Liability Dissolution/Withdrawal Domestication Other Merger REGISTRATION/QUALIFICAT OTHER FILINGS Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
6445 LAKE SUNRISE DR, Apollo BEACH, FL 33572
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
BEN R. GAMES Name 6445 LAKE SUNRISE DOR
Name 6445 Lake SUNRISE Dec
Florida street address (P.O. Box NOT acceptable)
A POLLO BEACH FL 33572 City, State, and Zip
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
Article IV - Management (Check box if applicable.)
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.
(An additional article must be added if an effective date is requested) SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
Signature of a member of 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: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)