WILLIAM Z. WHER Requester's Name  14955 HORSESHOE  Address	TRACE
WELLING TON FL City/State/Zip Phone #	33414
CORPORATION NAME(S) & DOCT	UMENT NUMBER(S), (if known):  (Document #)
(Corporation Name)	(Document #)
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	☐ Certified Copy ☐ Photocopy ☐ Certificate of Status
NEW FILINGS	AMENDMENTS 500033105854 -07/03/0001005020 ****375.00 ****125.00
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
☐ Annual Report ☐ Fictitious Name	Foreign 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 of Frinze Ker A  ARTICLE II - Address:  ONE SPINNAM	Associates LLC
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limit 3801 PGA Bou levard Suite 1000  Palm Beach Lar Lens, Fl. 33410  ARTICLE III - Registered Agent, Registered Office, & Registered Agent	ed Liability Company is:
ARTICLE III - Registered Agent, Registered Office, & Registered Ag	gent's Signature:
The name and the Florida street address of the registered agent are:	
William R. Wheeler 14955 Hooseshoe Trace	
Florida street address (P.O. Box NOT acceptable)	
City, State, and Zip	<u>4</u>
liability company at the place designated in this certificate, I hereby accept registered agent and agree to act in this capacity. I further agree to complete performance of my duties, and accept the obligations of my position as registered agent as provided for in Registered Agent's Signature  Article IV - Management (Check box if applicable.)  The Limited Liability Company is to be managed by one manager or therefore, a manager - managed company.	y with the provisions of all I am familiar with and Chapter 608, F.S
(An additional article must be added if an effective date	
Signature of a member or an authorized representative (In accordance with section 608.408(3), Florida Statutes, th	
of this document constitutes an affirmation under the penal that the facts stated herein are true.)	ties of perjury
Kichard Lede Typed or printed name of signee	FIL FIL
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)	PM 2: 3