

L03 0000 33748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

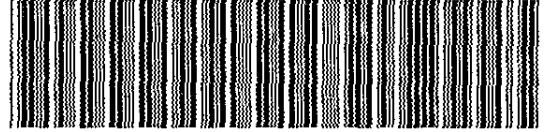
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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09/05/03--01041--010 \*\*125.00

RECEIVED  
SEP 5 2003  
PM 5:00

L03-33748  
OK

September 2, 2003

Florida Dept of State  
Registration Section, Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

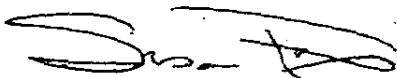
Re: LLC application

Dear Sir or Madam:

Please find enclosed our application for registering as an LLC under SRT, LLC.

Do not hesitate to contact me during the day at 561.738.0200 if necessary. Thank you for your assistance.

Sincerely,



Susan Fox  
4585 Gleneagles Drive  
Boynton Beach, FL 33436

RECEIVED  
03 SEP 25 PM 5:00  
FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SRT, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

4585 Gleneagles Drive Boynton Beach, Florida 33436

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

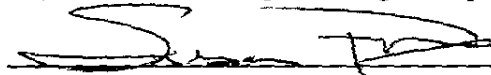
The name and the Florida street address of the registered agent are:

SUSAN FOX  
Name

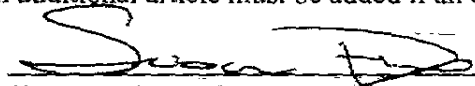
4585 Gleneagles Dr.  
Florida street address (P.O. Box NOT acceptable)

Boynton Beach FL 33436  
City, State, and Zip

*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

(An additional article must be added if an effective date is requested)

  
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.)

SUSAN FOX  
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)

FILED  
2019-05-11 5:00