

# L03000054635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Name  
Availability

Document  
Determiner

Updater

Office Use Only

Updater  
Verifier

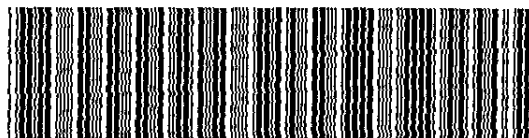
DCC

Help on Indecent

DCC

W. P. Verifier

DCC



300025379073

12/12/03--01023--015 \*\*160.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC 12 PM 4:28

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 6763 LLC  
(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:

MICHAEL LAX  
(Name of Person)

6763 LLC  
(Firm/Company)

18615 ANCHOR DR  
(Address)

BOCA RATON FLORIDA  
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL LAX at (561) 588-1234  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC 12 PM 4:28

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

6763 LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

18615 ANCHOR DR  
BOCA RATON FL 33498

**Mailing Address:**

SAME

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

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

MICHAEL LAX  
Name  
18615 ANCHOR DR  
Florida street address (P.O. Box **NOT** acceptable)  
BOCA RATON FL 33498  
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.

Michael Lax  
Registered Agent's Signature

03 DEC 12 PM 28

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

MICHAEL LAX  
18615 ANCHOR DR  
BOCA RATON, FL 33498

MGRM

JANN LAX  
18615 ANCHOR DR  
BOCA RATON FL 33498

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**



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.)

MICHAEL LAX

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)