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(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	}
(Do	cument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
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Office Use Only



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### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Edward Agnew LLC		
(Name of Limited Liability Company)	<del></del>	
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Edward Agnew	_	
(Name of Person)	_	
Edward Agnew LLC		
(Firm/Company)	TASE:	0
11300 nw 32 pl	<u> </u>	Z =
(Address)		الا الا الا
Sunrise FL 33323		2
(City/State and Zip Code)		ر برود مسم
For further information concerning this matter, please call:	·	
Edward Agnew at ( 954 ) 647-2341		
(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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:		
Edward Agnew LLC		
ARTICLE II - Address: The mailing address and street address of the principal street.	pal office of the Limited Liability Company is	
Principal Office Address:	Mailing Address:	
11300 nw 32 pi	11300 nw32 pl	
Sunrise FL 33323	Sunrise FL 33323	
	TAAH.	
	82 N	
ARTICLE III - Registered Agent, Registered Off The name and the Florida street address of the regis	ice, & Registered Agent's Signature:	
Edward Agnew	- DA -	
Name		
11300 nw 32 pl		
Florida street address (P.O. Bo	x NOT acceptable)	
Sunrise FL 33323	FLORIDA	
City, State, and Z	ip	

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

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

MGR	Edward Agnew	
	11300 nw 32 pl	
	Sunrise FL 33323	
		- <del></del> -
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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.)

Edward Agnew

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)