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# LIQUID 8 PAWN

To Whom It May Concern:

Please find enclosed Articles of Organization in the matter of Liquid 8 Pawn, LLC as well as a check in the amount of \$125.00 for the filing fee associated with this cause of action.

I thank you in advance for your assistance with this. Please phone the registered agent if you have any questions or concerns.

Sincerely,

Sarah Solano

Assistant to Robert J. Santagate and Rick T. Igo

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: LIQUID 8 PAWN 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:
Rick T. I.O. (Name of Person)
LIQUID 8 PAWN LLC (Firm/Company)
1018 Truman Ave Suite 1
Key West, FL 33040 (City/State and Zip Code)
For further information concerning this matter, please call:
Rick T. Ico at (612) 581-3636  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee Status Status Status Status Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399  RAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LIQUID 8	PAWN, LLC	
ARTICLE II - Address	<b>::</b>	

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

Principal Office Address:	Mailing Address:
1018 Truman Ave	1018 Trumanane
Ken West, FL 33040	Ken West, FL 33040
ARTICLE III - Registered Agent, Registere	) ed Office. & Registered Agent's Signature:

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

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Name

Name

Name

Name

Name

Notate

Florida street address (P.O. Box NOT acceptable)

Vey West FL 33040

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

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Pick T. Tgo 1018 Truman Ave Suite Very West FL 33040
MGR	Robert J. Santagate 1019 Truman Ang Suite 1 Verglusst, FL 33040
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:  Signature of a member of	r an authorized representative of a member.
(In accordance with section	on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury
- Rick	for printed pares of signes

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)