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## TRANSMITTAL LETTER

FILED 05 FEB -2 PM 2: 02 SEUNLIANY DI ALLAHASSEE ELOSS

TO: Registration Section
Division of Corporations

SUBJECT: Foundaris Management 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:

(Name of Person)

Figure 5 Mance eng + LC

(Firm/Company)

[337 Airport No.

(Address)

For further information concerning this matter, please call:

(Name of Person) at (850 ) 274-1756

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

(additional copy is enclosed)

(additional copy is enclosed)

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

## 

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..

City, State, and Zip

Registered Agent's Signature

(CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member  **CRM	Name and Address:  05 FEB - 2 PM 2: 0  FALL AHASSEE, FLORID  1237 Airpo-t Di.  TGUGYOSSII FLORID
"MGRM" = Managing Member	FALLAHASSEE, FLORIE  Ex. C. Guntani  1237 Airport De.
<b>~ ~</b>	1237 Airport Dr.
MCRM	1237 Airport Dr.
	1237 Airport Dr.
	101/4/0538 67.3631
· · ·	
(Use attachment if necessary)	
NOTE: An additional article must l	be added if an effective date is requested.
REQUIRED SIGNATURE:	
C	
_ con in s	toula.
Signature of a member	er or an authorized representative of a member.
(In accordance with se	ection 608.408(3), Florida Statutes, the execution
of this document cons	titutes an affirmation under the penalties of perjury
that the facts stated he	•
Enc	yped or printed name of signee
Ť,	yped 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)