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SECRETARY OF STATE TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

	ation Section n of Corporations				
SUBJECT:	Popoagie, L	Name of Limite	d Liability Company)		Microsoft-Nove
The enclosed Ar	ticles of Organization	and fee(s) are s	ubmitted for filing.		
Please return all	correspondence conce	ming this matte	r to the following:		
	Marks. Pie	erce (I	Name of Person)	 ,	
	o Sunset	Mouing	& Storage		·····
_7(e2 Se.	Military	Trail (Address)		
	Deer field	Beac (City/	h FC 33 (State and Zip Code)	<u> </u>	
For further inform	nation concerning this	s matter, please o	eali:		
Mark	S. Pierce (Name of Person)		at (954) 484, (Area Code & Daytime Te	5088	_
Enclosed is a ch	eck for the following	ng amount:			
X \$125.00 Filing	g Fee		☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Certificate So (additional Editor)	is esclosed)
	STREET ADDRESS Registration Section Division of Corporate 409 E. Gaines Street Tallahassee, Florida	ions	MAILING AI Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection T	31 P :: 02

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Popo Agie, LLC	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
MGD So. Military Trail Deerfield Beach, FL 33042	762 So. Military Trail Deerfield Beach, FL 33042
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	gistered agent are:
Mark S. Pierce Name	
762 So. Milit Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
Deerfield Beach City, State, ar	FL 33 04 2. d Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and fam familiar with and tered agent as provided for in Chapter 608 F.S
	ORIDA

(CONTINUED)

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	Mark S. Pierce 762 So. Military Trail Deerfield Beach, FL 3	3042
(Use attachment if necessary)		
	be added if an effective date is requested	i.
REQUIRED SIGNATURE: Signature of a member	or an authorized representative of a member.	
(In accordance with sect of this document constitution that the facts stated be	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury	711nc
Typ	ed or printed name of signee	
\$125.00 Filing Fee for Articles of Organ of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ization and Designation	ö