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My 15th

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
	CRY A.A.C d Liability Company)	•
The enclosed Articles of Organization and fee(s) are su	ubmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
RONALD	C. PFR	RY
R.C. P.	FRRY L. L	. C.
1)	Firm/Company)	
907-9	WAY	
For further information concerning this matter, please of ONALD C. PERRY (Name of Person)	BEACH - F	<u>√ 33407.66₽9</u>
For further information concerning this matter, please of	call:	# 0 T
CONALD C. PERRY	at (361 , 712	- 14PP = E
(Name of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for the following amount:		Br. 7
S125.00 Filing Fee & S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS:	MAILING A	DDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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:	
R. C. PERRY	L. L. C.
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
904-9 UAY	907-9 WAY
WEST PALY BEACH FL 33407-6689	WEST PAIN BEACH FL 33407-6689
ARTICLE III - Registered Agent, Registered	l Office, & Registered Agent's Signature:
The name and the Florida street address of the	egistered agent are:
KONALD C.	PERRY
Name	F. 5
907 - 9 U Florida street add	レタイ
Florida street ad	dress (P.O. Box NOT acceptable)
WEST PAIM BEACH City, State,	Iress (P.O. Box NOT acceptable) FL 33 407 - 6689
City, State,	dress (P.O. Box NOT acceptable) FL 33 407 - 6689 and Zip
liability company at the place designated in a registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Ronald	C. Levy
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:			
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address: Ponald forry 907-9 WAT WPB: FX 33407-6689		
(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. an 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury		
(In accordance with section of this document constitute that the facts stated here	r an authorized representative of a member. on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.) Or printed name of signee		

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)