## 05000005269

(Requestor's Name)		
(Address)		
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PICK-UP WAIT MAIL		
<u> </u>		
(Business Entity Name)		
(233,133,134,13		
(Document Number)		
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Certified Copies Certificates of Status		
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TÄLLAMANSER FLÖRIDA

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: E-FIVE-LLC (Name of Limit	ed Liability Company)
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Mark Evanosich	
	(Name of Person)
E-FIVE-LLC	
	(Firm/Company)
1401 n, Riverside Dr. apt 120	(Address)
	(Addiess)
Pompano Beach, Florida 33062	
	//State and Zip Code)
For further information concerning this matter, please	e call:
Mark Evanosich	at (_954) 9423098 or 215 3784712 = (
(Name of Person)	
Enclosed is a check for the following amount:	
□ \$125.00 Filing Fee  \$2 \$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)  \$155.00 Filing Fee & S160.00 Filing Fee Certificate of Status & Certified Copy (additional copy Senciosed)
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	/ <b>is:</b>		
E-FIVE-LLC			
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Lim	ited Liability Company is:	
Principal Office Address:	Mailing Address:		
1401 n. Riverside Dr. apt 1203	1401 n Riverside Dr. apt	1203	
Pompano Beach fl. 33062	Pompano Beach fl. 3306.	2	
	ame		
1401 n. Riverside Dr. apt 1	1203 t address (P.O. Box <u>NOT</u> acceptal	hla)	
Pompano Beach	address (P.O. Box <u>NOT</u> acceptal	ole)	
	ate, and Zip		
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as the statutes.	in this certificate, I hereby ac acity. I further agree to comp e performance of my duties, a	ccept the appointment as ply with the provisions of all and I am familiar with and	
	ent's Signature  FINUED)  Lof2	OSHAR II PH 1:29  TALL/MANAGEN FLORIDA	

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:
MGRM	MARK EVANOSICH
	1401 N. RIVERSIDE DR. APT 1203
	POMPANO BEACH FL. 33062
	<del></del>
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	
Mally	home 1
Signature of a mombe	- ar an anthonized responsation of a mamber

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.)

MAN EVANOSICIT
Typed 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)