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(Red	questor's Name)			
(Address)				
(Add	dress)			
(City	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nam	e)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to I		- cc		
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Office Use Only



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M.M.

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: The Red Hat Advantage, LLC (Name of Limited)	l Liability Company)	
The enclosed Articles of Organization and fee(s) are su	abmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Nancy E. Cyr	Name of Person)	· .
The Red Hat Advantage, LLC	Firm/Company)	
573 Green Meadow Court	(Address)	
Maitland, FL 32751 (City/	State and Zip Code)	
For further information concerning this matter, please	call:	
Nancy Cyr (Name of Person)	at (407) 331-6900 (Area Code & Daytime To	or 407-740-5721 elephone Number)
Enclosed is a check for the following amount:		
☐ \$125.00 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:

ne name of the Limited Liability Company is:				
The Red Hat Advantage, LLC		_ · _ <u></u>		
ARTICLE II - Address: The mailing address and street address of the property o	incipal office of the Limited Lia	bility Co	npany	y is:
Principal Office Address:	Mailing Address:			
573 Green Meadow Court	573 Green Meadow Court		_	
Maitland, FL 32751	Maitland, FL 32751	_·	-	
ARTICLE ПІ - Registered Agent, Registered	l Office, & Registered Agent's	Signatur	- e:	
The name and the Florida street address of the registered agent are:			05	
Frederick C. Cyr	·	1 .	AF R	1 1
Name			22	- extrast
573 Green Meadow Court			2	٠٠٠٠٠٠ غ ف چ پسس یر
Florida street address (P.O. Box NOT acceptable)		=	Š	'مس
Maitland, FL 32751	FL	Williams.	20	
City, State, and Zip		20		

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)

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" = Mana "MGRM" = Ma		Name and Address:	
MGR		Nancy E Cyr	
		573 Green Meadow Court	
		Maitland, FL 32751	
			
	 .		
· ·			
(Use attachmen	t if necessary)		
NOTE: An ad	ditional article must be	e added if an effective date is requested.	
REQUIRED S	IGNATURE:		
	1/		
	Max	my Si (ar	
	Signature of a member of	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.)		
	Nancy E. Cyr		
	Туре	d 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)