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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	-
(Cit	y/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
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75	S. Frank	
(Bu	sin es s Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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Office Use Only



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TRANSMITTAL LETTER

STREET ADDRESS:	MAILING A	DDRESS:
□ \$125.00 Filing Fee □ \$130.00 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)
Enclosed is a check for the following amount:		
(Name of Person)	at (407) 160 (Area Code & Daytime Te	elephone Number)
For further information concerning this matter, please	call:	55 RIDA ORIDA
OT CAUDO (City	State and Zip Code)	123 PM 1:55 HASSEE, FLORID
ZSOT FECUNC	(Address)	2005 MAY 2 UNY WICH OF
THT CAN	(Firm/Company)	
PORERT TO	Name of Person)	
Please return all correspondence concerning this matter	er to the following:	
The enclosed Articles of Organization and fee(s) are s	submitted for filing.	_
SUBJECT: HAN THOSE (Name of Limite	ed Liability Company)	
TO: Registration Section Division of Corporations		
	•	

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:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2957 EXCLUSTON DS. 2957 EXCLUSION DOUG 272 ANDOLEC 2004 ANDOLEC 32306

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

ROSTOT TODO WHAUS

Florida street address (P.O. Box NQT acceptable)

City, State, and Zip

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)

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: Name and Address:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MOZ	POFERT TON WHANS 2987 FEW MIXTON DR 6PLANDY, FE 32806
,	2005
<u> </u>	2005 MAY 23 ALLLAHOP CO
(Use attachment if necessary)	·····································
NOTE: An additional article must b	pe added if an effective date is requested.
REQUIRED SIGNATURE:	

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.)

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)