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SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SURFACE (Name of Limited	Solonian LLC I 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:	
	NOTEN BRANCO Name of Person)	en II
SURFACE SO	Firm/Company)	
400 ALESIO	(Address)	
Conne GARLE	State and Zip Code)	<u>sı 34</u>
For further information concerning this matter, please of	call:	
/	at (35) 184 (Area Code & Daytime Te	lephone Numbron SS
Enclosed is a check for the following amount: \$\\$\$125.00\$ Filing Fee \$\to\$ Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	SAR
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassas Florida 32399	MAILING AN Registration S Division of Co P.O. Box 6327	ection prorations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
.	
	DORFACE SOLUTION
	00/01/00
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:
400 Alesia Ave	400 HIENO AVE
Congres Santes Fl. 33134	CHAL GARLES FI 3313
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the	ragistared agent are
1	. 1
VVS VANC	EN BRANDEN
Name	
400 ALESIA	A
Florida street add	HVE_dress (P.O. Box NOT acceptable)
City State	FL 33134 and Zip
City, State, i	and sup
	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 an Jamiliar with and stered agent as provided for in Chaffler (), F.S
accept the obligations of my position as regi-	≥≈ . "1
1/1031	SSE -2
Registered Agent	s Signature
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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:							
þ	Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:					
		GANG GARGES FI 3313	4				
	(Use attachment if necessary) NOTE: An additional article must be	added if an effective date is requested.					
	REQUIRED SIGNATURE:	an authorized representative of a member.					
	of this document constitute that the facts stated herei	or printed name of signee	•				
	Filing Fees:	Y OF SEE, FI] !				
	\$125.00 Filing Fee for Articles of Organiza of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	tion and Designation	,				