| L05000064546 | | | | |
|--|---|--|--|--|
| (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) | 600056500686 06/24/0501032011 **125.00 | | | |
| (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: Special Instructions to Filing Officer: Itame Vailability Document Examiner Digitics Use Only Updater Ver Surgement DOC Score Surgement DUC | FILED 2005 JUN 24 P 3 40 SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |

··---

.....

P. Vel Type

 DUC

TRANSMITTAL LETTER

To: Registration Section Division of Corporations

Subject: FADE Enterprises LLC

The enclosed Articles of Organization and Fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alex Scharf

FADE Enterprises LLC

595 West Church Street #501 Orlando, FL 32805

For further information concerning this matter, please call:

. .

Alex Scharf at 407-810-2061

Enclosed is a check for the following amount:

\$125 Filing Fee

STREET ADDRESS

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

MAILING ADDRESS

50

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

FADE Enterprises LLC

ARTICLE II - Address:

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

Principal Office Address:

4031 Forsyth Rd Building A Winter Park, Fl 32792

Mailing Address:

Alex Scharf 2863 Cribble Ct Orlando, Fl 32825

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

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

| Business Filings Incorporated | | | - |
|---|--------|-------|-------|
| Name | | | |
| 1203 Govenors Square Blvd Suite 101 | | | |
| Florida street address (P.O. Box NOT acceptable) | | | |
| Tallahassee, FI 32301FL | FALSE | 2005 | _ |
| City, State, and Zip | LAF | , | Π |
| Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept | theapp | oinme | nt as |
| registered agent and agree to act in this capacity. I further agree to comply we | | | |

statutes relating to the proper and complete performance of my duties, and I an Jamiliar with and accept the obligations of my position as registered agent as provided for in Clarger 608, F.S.

Meh Mark Schiff, AVP Registered Agent's Signature Business Filings Incorporated

(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:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: | |
|--|--|----|
| MGR | Alex Scharf | _ |
| | 2863 Cribble Ct | |
| | Orlando, FI 32825 | - |
| | | - |
| MGR | Brandon Lee | |
| | 2863 Cribble Ct | |
| | Orlando, Fl 32825 | |
| | | |
| | | |
| | | |
| | <u>لای این این این این این این این این این ا</u> | z, |
| | | |
| | | |
| | | |
| | <u> </u> | |
| | | |

(Use attachment if necessary)

....

NOTE: An additional article must be added if an effective date is requested.

| REQUIRED SIGNATURE: | Tes T | 1 |
|---|--------|-------|
| HASS | JUN 24 | - |
| Signature of a member or an authorized representative of a member. | UC | コフ |
| of this document constitutes an affirmation under the penalties of perjudy that the facts stated herein are true.) | 3: HO | |
| Alex Schart 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)

-