(050000 90841

(Requestor's Name)		
(Address)		
(Address)		
(City	/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		





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SECRETARY OF STATE
ALLAHASSEF, FLORE

105-90841

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: 57 C Management L.L.C. (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
5ames Espos. 70
(Name of Person)
578 management LLC (Firm/Company)
2648 Bellewater PI
(Address)
Ovieds F1 32765 (City/State and Zip Code)
For further information concerning this matter, please call:
→ · · · · · · · · · · · · · · · · · · ·
Name of Person) at (40) 339-3554 Em & (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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:

4			
ement LLC			
	bility Co	mpany	is:
Mailing Address:	/		
2048 Bellevate	c P/	_	
OVILAD FI 32	765	_	
Office, & Registered Agent's	Signatui	re:	
egistered agent are:			
09,10			
to 01			
ress (P.O. Box NOT acceptable)			
FL 322/05			
nd Zip			
his certificate, I hereby accept the v. I further agree to comply with v rformance of my duties, and I am	e appointr the provis familiar	ment as sions of c with and	all
Signature	SECRE TALLAH	2005 SE	71
U ED)	TARY OF STA	8	
	NO.	29	
	Mailing Address: 2018 Bellevate OVILOD F1 32 Office, & Registered Agent's egistered agent are: OCILO Iress (P.O. Box NOT acceptable) FL 30705 Ind Zip Ind Zip Indexept service of process for the accept service of process for the acceptable of further agree to comply with a rformance of my duties, and I am	Mailing Address: 2048 Bellevater Plant Begistered Agent's Signature Office, & Registered Agent's Signature Registered agent are: Office, & Registered Agent's Signature Registered Agent's Signature Registered Agent's Signature Agent's	Mailing Address: 2/04/8 Bellunter Pl DVILOD F1 30 2/05 Office, & Registered Agent's Signature: egistered agent are: Office Service of process for the above stated limited his certificate, I hereby accept the appointment as on I further agree to comply with the provisions of a formance of my duties, and I am familiar with an appointment as provided for in Chapter 608, F.S Signature ALECT P SET

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:	
MBR	James Egros, to Double Belleunter PI DUTEDO FI 32765	
(Use attachment if necessary)		
NOTE: An additional article must be a	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)