(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP MAIL (Business Entity Name) (Document Number) Certified Copies ____ Certificates of Status_ Special Instructions to Filing Officer:

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COVER LETTER

TO: Registration Sec Division of Corp			
subject: <u>850</u>	Customs (Name of Limited	l Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
100	tka John	Same of Person)	
8	50 Cintum	5 Firm/Company)	
<u> </u>	12 Bondles	f L. 3031()
	All, 71 31 (City)	2310 State and Zip Code)	I'ALL
For further information c	oncerning this matter, please o	eall:	SEP 26 AHASSEE
(Name	chuscul bf Person)	at (Area Code & Daytime Tel	3198 = 1
Enclosed is a check for	r the following amount:		δ_{μ}
\$125.00 Filing Fee	S130.00 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center O	s

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability Company, "Limited Com	pany" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the princip	al office of the Limited Liability Company is:
Principal Office Address: M	ailing Address:
TALLANGER FL 30316	190 Burntleaf W.
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its own Registered Abusiness entity with an active Florida registration.)	ice, & Registered Agent's Signature:
The name and the Florida street address of the regist Out of the regist Name Out of the regist Plorida street address of the regist Florida street address of the regist Out of th	FCF (1) P.O. Box NOT acceptable)
••	•
Having been named as registered agent and to acceptiability company at the place designated in this cregistered agent and agree to act in this capacity. all statutes relating to the proper and complete per and accept the obligations of my position as register	ertificate, I hereby accept the appointment as I further agree to comply with the provisions of formance of my duties, and I am familiar with

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

1

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
malm_	10/12 JUNGON. 990 BULLY LEGY LU. 11/11 71 30310
main	FRIC HORX 990 Burnt LEGF W. TAIL 7L 30310
	DE SE
(Use attachment if necessary)	ASSEE FLO
ARTICLE V: Effective date, if other than the date	te of filing: (OPTIONAL) e specific and cannot be more than five business days

REQUIRED SIGNATURE:

Signature of a member of 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)