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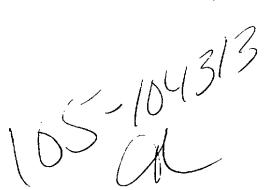
(Red	questor's Name)	
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Special Instructions to F	iling Officer:	
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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: 5	& L Concep (Name of Limite	ts LLC d Liability Company)	
The enclosed Articles of C	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspon	dence concerning this matte	to the following:	
	Amy L	a Pointe	
	5&L	Concepts, LL Firm/Company)	C
15		h Avenue (Address)	
<u>Plo</u>	intation, F	lorida 3332 (State and Zip Code)	<u>Z</u>
	ncerning this matter, please		
Amy Lo	Person)	at (954) 424 - (Area Code & Daytime Te	2421 dephone Number)
Enclosed is a check for t	he following amount:		
	\$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)
]]	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 (Tallahassee, FL 32301	s Fr

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LC
1 Company" or their abbreviation "LLC," or "L.C.,")
ncipal office of the Limited Liability Company is:
Mailing Address:
1511 NW 105th Avenue Plantation, FL 33322
Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
gistered agent are:
<u>e</u>
AVENUE ess (P.O. Box <u>NOT</u> acceptable)
FL 33322 d Zip
ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am fantiar with and ered agent as provided for in Chapter 608, P.S.
te (REQUIRED)

(CONTINUED) Page 1 of 2

Title: "MGR" = Manage "MGRM" = Mana		Name and Address:
MGRM		Amy LaPointe 1511 NW 105th Avenue Plantation, FL 33322
MGRM		Melissa Stines 300 Euclid Ave. #105 Miami Beach, FL 33139
	_	
		
(Use attachment is	fnecessary)	
LE V: Effective d	ate, if other than the dated, the date must be see of filing.)	ate of filing: (OPTIONAl pecific and cannot be more than five business days
LE V: Effective d ffective date is liste days after the dat REQUIRED SIG	ate, if other than the dated, the date must be stee of filing.) NATURE: Melissa	Stines
LE V: Effective d ffective date is liste days after the dat REQUIRED SIG	ate, if other than the dated, the date must be stee of filing.) NATURE: Signature of a member of this document constituted that the facts stated here	Stunes— or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)
LE V: Effective d ffective date is liste days after the dat REQUIRED SIG	ate, if other than the dated, the date must be stee of filing.) NATURE: Signature of a member of this document constituted that the facts stated here	or an authorized representative of a member. The second of the second o

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)