105 000 116346

| (Requestor's Name) | | |
|--|----------|--|
| (Address) | 80008 | |
| (Address) | | |
| (City/State/Zip/Phone #) | 11,700,0 | |
| PICK-UP WAIT MAIL | 12/06/0 | |
| (Business Entity Name) | | |
| (Document Number) | | |
| ied Copies Certificates of Status | | |
| ecial Instructions to Filing Officer: | | |
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| Office Use Only | | |



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RECEIVED

COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: STEDE MODE TO (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: |
| Steven Mage (Name of Person) |
| Strong Marks Flooting Fr. 8. (Firm/Company) |
| 11500 ONOT TERROLE SE |
| OBTIES TO SOLD THE STATE OF THE |
| For further information concerning this matter, please call: |
| (Name of Person) at 380, 935 UUI) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$\sqrt{130.00 Filing Fee} \& \sqrt{\$\sqrt{130.00 Filing Fee} & Certificate of Status} \\ \sqrt{\sqrt{2000 Filing Fee} & Certified Copy (additional copy is enclosed)} \\ \sqrt{\sqrt{2000 Filing Fee} & Certified Copy (additional copy is enclosed)} \\ \sqrt{\sqrt{2000 Filing Fee} & Certified Copy (additional copy is enclosed)} \\ \end{array} |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations |

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | · |
|---|---|
| The name of the Limited Liability Company i | 18. |
| (Must end with the words "Limited Liability Company, "Lin | nited Company" or their abbreviation "LLC," or "L.C.,") |
| ADTICLE II Address | $\mathcal{L}_{\mathcal{L}}$ |
| ARTICLE II - Address: The mailing address and street address of the | principal office of the Limited Liability Company is |
| Principal Office Address: | Mailing Address: |
| Same | -11500 3/647 TE F180E |
| (The Limited Liability Company cannot serve as its own Republishess entity with an active Florida registration.) The name and the Florida street address of the Name and the Florida street address of the Florida street. | e registered agent are: HASSEE, FI |
| Having been named as registered agent and t | to accept service of process for the above stated limit |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member **Second Member** **Comparison of the comparison of the c

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)