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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
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TRANSMITTAL LETTER

TO: Registration Se Division of Cor			
SUBJECT: F G	M of Florida . 1	LC	
Sebucci. 1	M of Florida, I	d Liability Company)	·
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Frantz Milfort (Name of Person)			
-	(t	Name of Person)	· · ·
Fam of Florida, LLC (Firm/Company)			
	(1	Firm/Company)	
17206 Glennmoor Drive			
		(Address)	
West Palm Beach FL 33409 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Frantz Milf	ort	at (541) 255 -	9465
(Timile)	01 1 613011)	(rada code to Dayame 1)	orephone (tallinger).
Enclosed is a check for	r the following amount:		
☐ \$125.00 Filing Fee	☐ \$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 enelesed)
		****	nnnnaa

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 18, 2005

FRANTZ MILFORT F & M OF FLORIDA, LLC 17206 GLENNMOOR DRIVE WEST PALM BEACH, FL 33409

SUBJECT: F & M OF FLORIDA, LLC Ref. Number: W05000051733

We have received your document for F & M OF FLORIDA, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$160.00.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing Document Specialist

Letter Number: 505A00068374

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
Fam of Florida, LLC		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is	
Principal Office Address:	Mailing Address:	
17206 Glennmoor Drive West Palm Beach FL 33409	17206 Glennmoor Drive West Palm Beach FL 33409	
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re		
Frantz Milfort Name		
17206 Glennmoor 1	ress (P.O. Box NOT acceptable)	
West Palm Beach City, State, as	FL 33409	
Having been named as registered agent and to a	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as	

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature

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

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member President (Use attachment if necessary) NOTE: An additional article must be 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)