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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UF	→ [	] WAIT	MAIL		
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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SECRETARY OF STATE IVISION OF CHATION

## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	SSFUL DET (Name of Limite	Pain + ing	L.L.C.	
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.		
Please return all corres	pondence concerning this matte	er to the following:		
_Gr	ea Hassfu	V L e T Name of Person)		
	(	(Firm/Company)		
	24 Marcy	(Address)		
Tal	lahassee F	/. 32305 //State and Zip Code)		
For further information	concerning this matter, please			
(Nam	e of Person)	at ()_ (Area Code & Daytime Te	lephone Number)	
Enclosed is a check f	or the following amount:		₹	_
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Fing E	
	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	STATE - DRIDA	

## 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 Company" or their abbreviation "LLC," or "L.C.,")					
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:					
Principal Office Address:  Mailing Address:					
524 marcy's fane.  Tallahassee III 32305  Sûme					
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)					
The name and the Florida street address of the registered agent are:  Name					
Florida street address (P.O. Box NOT acceptable)  Tallahassee FL 32305  City, State, and Zip					
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					
The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:					

(CONTINUED) Page1 of 2

ARTICLE IV- Manager(s) or Manager The name and address of each Manager	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
men	Steven Hassander 524 Mars Lane Tallahasser Fl 32305
Mgcm	Say marcys Lane Tallahassee +1 32305
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be sponsor 90 days after the date of filing.)	te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	A SEE TO THE TOTAL PROPERTY OF THE PARTY OF
(In accordance with section	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury
Great	or printed name of signee
Filing Case	•

\$125.00 Filing Fee for Articles of Organization and Designation

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