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(Re	equestor's Name)	···
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(Cit	ty/State/Zip/Phone	<i>→ #</i> )
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
Ос	ocument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Co			
SUBJECT:	5elect2006	uc	
	(Name of Limite	d Liability Company)	
The enclosed Articles o	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	condence concerning this matte	er to the following:	
PATE	XIA N Moore	Name of Person)	
beke	10nx 110	Firm/Company)	20
6719	Winkler Rd #	101	ALLAHAS T
F7 M	1818, FL 3	(Address)	ALLAHASSEE, FLOMDA
		/State and Zip Code)	WDA . "S
For further information	concerning this matter, please	call:	
+ OUT EICH Name	Mowe e of Person)	at (235 S90- (Area Code & Daytime To	-6345 elephone Number)
Enclosed is a check for	or 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 enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## 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: 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: 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.,

(CONTINUED)
Page 1 of 2

Title:	Name and Address:
"MGR" = Manager	7.
"MGRM" = Managing Member	Fy.
MORM	Name and Address:  Pare up N More  12719 Winklusse #101
MOUNT	10719 WINVIOLED #101
	77 Myers 77 33919
44 6 0	0 1 1 - 0
MOR	Candice N Trota
	9340 Gladiolus Preserve ar.
	111111111111111111111111111111111111111
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Tice attachment if necessary)	
(Use attachment if necessary)	
`	te date of filing: (OPTIONAL
LE V: Effective date, if other than the fective date is listed, the date must	te date of filing: (OPTIONAL) be specific and cannot be more than five business days
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LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a mem	be specific and cannot be more than five business days  a
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a mem	be specific and cannot be more than five business days  oer or an authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

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)