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(Re	equestor's Name)			
(Ac	idress)			
(Ac	ldress)			
(0)	ty/State/Zip/Phone	<u> </u>		
(Cl	ty/State/Zip/Priorie	: <del>++</del> )		
PICK-UP	☐ WAIT	MAIL		
(Bi	ısiness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies Certificates of Status				
Special Instructions to	Eiling Officer			
Special Instructions to	Filling Officer.			
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## COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI	ECT:	Name of Limited	d Liability Company)	ساسر
The en	closed Articles of	Organization and fee(s) are so	abmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	
		wit Ciga	Name of Person)	
		(	Firm/Company)	
	\'355	Sw Appr	(Address)	
	الادم.	Same Hick	S FL SZUS	•
For fur	ther information of	concerning this matter, please	(State and Zip Code)	
7.	(Name	of Person)	at (	5 - Z. \ 69 elephone Number)
ı		r the following amount:		
<b>X</b> ] \$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$\int \$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 Compa	any is:
(Must end with the words "Limited Liability Company	y, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of  Principal Office Address:	f the principal office of the Limited Liability Company is:  Mailing Address:
1355 Sw Approson W Veryshame Heights FL	Je
	istered Office, & Registered Agent's Signature: vn Registered Agent. You must designate an individual or another

The name and the Florida street address of the registered agent are:

Name

Florida street address (P.O. Box NOT acceptable)

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

The name and address of each Ma	inager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGIZ	1355 Sw Appreson Way
MGIZ	Toli Créace 1355 Sus Appresen Way
(Use attachment if necessary)	
	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a me	mber 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)