L060000 42827

(Re	questor's Name)		
(Ad	dress)		
(Address)			
(Cit	ty/State/Zip/Phon	e#)	
☐ PICK-UP	MAIT	☐ MAII.	
П, как ак			
(Bu	siness Entity Nar	me)	
			
(Document Number)			
	-		
Certified Copies	_ Certificate:	s of Status	
Special Instructions to	Filing Officer:		
ļ		}	
{			
{			



300069909613

04/21/06--01032--013 **130.00°

DIVISION OF APR 21 PH 2: 04

aca and

Office Use Only

AUTHORIZATION BY PHONE TO

CORRECT Suffice to be Uta Co.

DATE 04/25/00 @ 10:38 PM

DOC. I.

& BRYAN APH 2 5 2006.

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	OYCK ENT (Name of Limite	BEPRISES Ed Liability Company)	LTD Co.
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing.	
Please return all corresp	pondence concerning this matt	er to the following:	
	DAVID A	Boy CRE (Name of Person)	
	Boyck E	NTERDRISE (Firm/Company)	ES LTD CO.
	1255 Gul	F Stream A (Address)	UR WIT 205
	SARASOTA	FL 34 /State and Zip Code)	236 PR 2
		•	PH 2: 04
For further information	concerning this matter, please	call:	2.04
DAULD T	of Person)	at (941) 914 (Area Code & Daytime T	193 Z Celephone 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	Street/Courier Addre Registration Section Division of Corporation	_

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Pouce Enterprises CTD CO. (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:
1255 Gulf Steram AUR UNIT 205
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:
DAULD A ROLLE
Name
1255 Gulf Sterrom Aue unit 205
Florida street address (P.O. Box NOT acceptable)
SAKASO TO FL 34236 City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limited

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ____. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee