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## **COVER LETTER**

TO:	Registration Se Division of Co			
SUBJE	CT:	Ran Unlimite	Hed LLC d Liability Company)	·····
The end	closed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please 1	eturn all corresp	ondence concerning this matte	r to the following:	
		Lisa TRU	n	
•	*****		Name of Person)	
-		(	Firm/Company)	
	Ž	155 Avers	CT	
•			(Address)	
_	-	Tallaha ssee,	(Address)  A 33305	
·		(City	/State and Zip Code)	
For furt	her information	concerning this matter, please	call:	
	Lisa	TRAN of Person)	at ( 850) 2/ (Area Code & Daytime To	9-0681
	(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclos	ed is a check fo	or the føllowing amount:		
<b>\$</b> 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 Address Registration Section Division of Corporation 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:			
TRAN UNIMITED LAC  (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 Liabil	ity Com	ıpany	is:
Principal Office Address: Mailing Address:			
255 Ayers CT 255 Ayers CT Tallahassey Fl 35	- 1305		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sig (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are:	1100		
Lisa Tran		06/	
Name		APR	
255 Ayers CT	.SS	28	,
Florida street address (P.O. Box NOT acceptable)		<b>₽</b>	
Tallahassee FL 32305	<u> </u>	وي	i Inpo
City, State, and Zip	¥ <u>5</u>	: 20	
Having been named as registered agent and to accept service of process for the aboreliability company at the place designated in this certificate, I hereby accept the agreejstered agent and agree to act in this capacity. I further agree to comply with the	pointme	i limit ent as	
statutes relating to the proper and complete performance of my duties, and I am far	niliar w	ith an	d

Registered Agent's Signature (REQUIRED)

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

(CONTINUED)
Page 1 of 2

Lisa TRan 253 Ayers CJ Tallakassee, A 33305	
e of filing: (OF ecific and cannot be more than five busin	PTIONAL) ness days
<u>.</u>	를 <b>유</b>
Ju !	OG APR
an authorized representative of a member.  1 608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury in are true.)	28 AM 9: 2 ARY OF STAT XSSEE, FLORE
i lette	an authorized representative of a member.  608.408(3), Florida Statutes, the execution is 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)