

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
, _
Special Instructions to Filing Officer:
,

Office Use Only



500077966055

08/02/06--01029--021 **125.00

DE AUG -2 AM 9: 15
SECRETARY OF STATE



TO: Registration S Division of C	ection	R LETTER		SECRETARY FALLAHASSE	06 AUG -2	
SUBJECT: FX,	LLC			<u></u> 6	와 9:	Ţ
	(Name of Limite	ed Liability Company)		101. 71.5	က်	•
The enclosed Articles	of Organization and fee(s) are	submitted for filing.		RICA	5	
Please return all corres	pondence concerning this matt	ter to the following:				
Randall W	. Williamson	<u> </u>	<u> </u>	·	<u> </u>	
	•	(Name of Person)				
			<u>. 1: </u>			
		(Firm/Company)				
580 SE 1:	3 Court	-1 .	<u></u>			
	Beach, FL 33060 (City	y/State and Zip Code)	<u> </u>	<u> </u>		P.
	-					
Randall W. Willia	amsone of Person)	at (954) 782-237 (Area Code & Daytime 1		er)	gen 🚓	
·	or the following amount:	(And Code to Daylinio	erepriore runner			
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Certificate Certified ((additional co	of Status (Copy	&	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addre Registration Section Division of Corporation Clifton Building 2661 Executive Cente	ons			

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N			
The name of the	e Limited Liability Compar	ny is:	
FX, LLC			
(Must end with the w	ords "Limited Liability Company,	"Limited Company" or their abbreviation	on "LLC," or "L.C.,")
ARTICLE II - The mailing add		the principal office of the Lim	ited Liability Company is:
Principal Offic	e Address:	Mailing Address:	
242 SW 5th Street		580 SE 13th Court	
Pompano Beach, F	L 33060	Pompano Beach, FL 3306	0
	`- ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>
business entity with	an active Florida registration.) ne Florida street address of Randall W. Williamson 580 SE 13th Court Florida street	Name eet address (P.O. Box <u>NOT</u> acceptal	LAHASSEE, FLORIE
	Pompano Beach,	FL 33060	
	City, S	State, and Zip	
liability com registered agen statutes relativ	pany at the place designate t and agree to act in this ca ng to the proper and comple bligations of my position as	nd to accept service of process jed in this certificate, I hereby acpacity. I further agree to compete performance of my duties, as registered agent as provided for the service of the se	cept the appointment as ly with the provisions of all nd I am familiar with and

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Man The name and address of each Manag <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	raging Member(s): ger or Managing Member is as follows: Name and Address:	RETARY OF STATE WHASSEE, FLORIDA	FILED AUG-2 AM 9: 15
MGR	Randali W. Williamson	3 1	The second second
	580 SE 13th Court_	-	en en la
	Pompano Beach, FL 33060		* ************************************
MGRM	Toleiha L. Williamson		·
	580 SE 13th Court		سود المنظم المائد
	Pompano Beach, FL 33060	<u> </u>	, <u>, , , , , , , , , , , , , , , , , , </u>
			311.
			e. • • · · · · · ·
			
			
		و نیم	and the same of th
			संदर्भ के अ
		· · ·	
at t			
(Use attachment if necessary)			
CLE V: Effective date, if other than the effective date is listed, the date must be	date of filing:(e specific and cannot be more than five bu	OPTION siness d	NAL) ays prior
CLE V: Effective date, if other than the effective date is listed, the date must be	e date of filing:(e specific and cannot be more than five bu	OPTTON	NAL) ays prior
CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.)	e specific and cannot be more than five bu	OPTTON siness d	NAL) ays prior
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	e specific and cannot be more than five bu	OPTION siness d	NAL) ays prior
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with second	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury	OPTION siness d	NAL) ays prior
CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document constitution of the date of the date.	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury herein are true.)	OPTION siness d	NAL) ays prior

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)