## L06000079359

QLex Sutor (Requestor's Name)
(Requestor's Name)
7759 Holsteiner Lan.
(Address)
(Address)
Tallahassee FL 32309 (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dadinose Linky Harrie)
(Document Number)
Certified Copies Certificates of Status
Special instructions to Filing Officer:

Office Use Only



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SELK- JARY UI STALL AHASSEE, FLORIDA



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

AENON GROUP L. (Must end with the words "Limited Liability Company, "Limited	L C d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7759 HOLSTEINER LANE	7759 HOLSTEINER LANE
Tallehasse Fl. 32309	Talloh 1-85 & El. 32309
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the real ALEX Sut	
7759 HOLST	EINER LANE TO SO C
TALLAH ASSEE City, State, a	ress (P.O. Box NOT acceptable)  FL 32309  and Zip
	accept service of process for the above stated limited

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Alax Sutor 7759 HOLSTEINER LANE Tollahance, Fl. 32309
·	
(Use attachment if nacescary)	the state of the s
ffective date is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)	
CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)