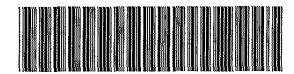
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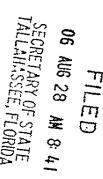
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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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## COVER LETTER

	tion Section of Corporations	- weighten	
SUBJECT:	AVENUE A L (Name of Limite	LC, ed Liability Company)	
The enclosed Arti	cles of Organization and fee(s) are :	submitted for filing.	
Please return all c	orrespondence concerning this matt	er to the following:	
	WENDY A. FA	35410	
	,	(Name of Person)	
	<del></del>	(Firm/Company)	
	927 CYPRESS	COVE WAY (Address)	
	927 CYPRESS TARPON SPRING	SS, Fr 3468	78
	(City	/Státe and Zip Code)	. ° ga≖
For further inform	ation concerning this matter, please	call:	
WEND	Y FAS U LO (Name of Person)	at ( 727 ) 944. (Area Code & Daytime T	- 5777 Telephone Number)
Enclosed is a che	eck for the following amount:		
☑ \$125.00 Filing	Fee \$\int \\$130.00 \text{ 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	ins

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:				
AVENUE A, LLC				
(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 pri	ncipal office of the Limited Liability Company is:			
The maning address and street address of the pri	neipar office of the Elithica Elaothty Company is.			
Principal Office Address:	Mailing Address:			
TARPON SPRINGS FR 34688	TANION SPRINGS, FL 34688			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)				
The name and the Florida street address of the re	gistered agent are:			
WENDY A.	FASULO			
Name				
921 CYPRESS COVE WMY Florida street address (P.O. Box NOT acceptable)				
TANPON SPRINGS, City, State, an				
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ecept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608 F.S			
Registered Agent's Signatur	- tasulo Te (REQUIRED)  28 ≥ 8: 4  SSEE, FLORID			
(CONTINU	ED)			

Page 1 of 2

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

4 20 4

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MERM	ANTHONY P. FASHLO  921 CYPRESS COVE WAY  TARPON SPRINGS FL 34688
m 6 km	WENDY A. FASHLO  971 CYPRESS COVE WAY  TARPON SPRINGS, FO 34688
<del></del>	
(Use attachment if necessary)	<u></u>
ARTICLE V: Effective date, if other than t	the date of filing: (OPTIONAL)  the specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	be specific and cannot be more than two business days prior
REQUIRED SIGNATURE:	
Signature of a men	nder G. Farulo  mbet or an authorized representative of a member.
(In accordance with of this document co	section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury and herein are true.)
<u> </u>	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)