

L060000085176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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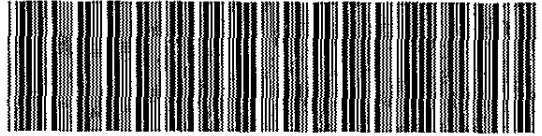
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THEEFORCE, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pamela Setchell

(Name of Person)

Joe Miklas, P.A.

(Firm/Company)

P.O. Box 366

(Address)

Islamorada, FL 33036

(City/State and Zip Code)

For further information concerning this matter, please call:

Pamela Setchell

(Name of Person)

at (305) 852-7225

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

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

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ARTICLES OF ORGANIZATION
OF

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THEEFORCE, LLC


ARTICLE I – Name: The name of the Limited Liability Company is THEEFORCE, LLC

ARTICLE II – Addresses: The mailing address of the Limited Liability Company is: P.O. Box 85, Tavernier, FL 33070 and principal office of the Limited Liability Company is: 87401 Old Highway, #29, Islamorada, FL 33036.

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature: The name and Florida street address of the registered agent are:

Jean C. Genet
87401 Old Highway, #29
Islamorada, FL 33036

Having been named 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..

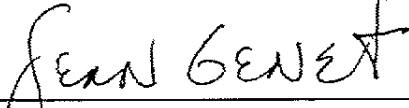


Registered Agent's Signature

ARTICLE IV – Managers or Managing Members: The name and address of each Manager or Managing Member is as follows:

Jean C. Genet – Managing Member
P.O. Box 85
Tavernier, FL 33070

In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes and affirmation under the penalties of perjury that the facts stated herein are true.



Jean C. Genet