## 

(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:			
EFFECTIVE DATE			
Office Use Only			



12/01/06--01031--025 \*\*160.00



## **COVER LETTER**

то:	Registration Section Division of Corporations		
SUBJE	CT: Forethought Marketing (Name of Elmited Liability Company)		
The enc	osed Articles of Organization and fee(s) are submitted for filing.		
Please r	turn all correspondence concerning this matter to the following:  (Name of Person)		
1484 Creekside Circle			
-	(Address)  Wister Springs Fl 32708  (City/State and Zip Code)		
For furt	er information concerning this matter, please call:  Check Rent at (40) 739 - 9754  (Name of Person) (Area Code & Daytime Telephone Number)		
_	d is a check for the following amount:  00 Filing Fee \$\bigsquare \text{\$130.00 Filing Fee & Certificate of Status}\$  Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}}  Certified Copy (additional copy is enclosed)		
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
Forethow and Market (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 printing.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1484 Creekside Circle Winter Springs F2 32708	1484 Creckside Circle Winter Springs, FZ 32708
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re  Helina (Sha Name	gistered agent are:  AHASSEOF PH
315 Lake pointe Florida street addr Altamonte Springs City, State, ar	ess (P.O. Box NOT acceptable)  FL 32701

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.

Helina <u>Hayarian</u>.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

Title:	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member    GRM \( \lefta \) \( \lefta	Sathrina Haver 1484 Creekside Circle Wister Springs JEL 2018		
16R Peter Hent	Heter Kent. 1484 Creekside Circles Withter Springs FL 32708		
	date of filing: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
to or 90 days after the date of filing.) <u>REQUIRED</u> SIGNATURE:			
Signature of a member	ayes. r or an authorized representative of a member.		
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)			
<u> </u>	layer bed or printed name of signee		

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

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

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)

