# L0700034076

(Requestor's Name)
(Address)
(Address)
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## **COVER LETTER**

TO:

Registration Section

Division of Corporations							
0							
SUBJECT:	Name of Limited	Hability Company)					
	(reality of Emilian	Descripting y					
The enclosed Articles of	Organization and fee(s) are su	ibmitted for filing.					
Please return all correspo	ondence concerning this matter	r to the following:					
	GARY &	Lewis					
		Name of Person)					
	6 -	<b>.</b>	_				
<del></del>	1 Waney L	nedia Corouf, Firm/Company)	INC.				
	V	,, ,					
	23110 SR54, Suite 214						
		(Address)					
	1 ,12 ~ ~	10-10 2350	19				
	City/	Nate and Zip Code)					
		-					
For further information of	concerning this matter, please	call:					
0.	,	<i>a.</i> 5 <i>66</i>	ai e i				
COARY B.	of Person)	at (813) 299 (Area Code & Daytime To	elenhone Number)				
Crame )	ot i cison)	(Alea code de Daylinie 1)	repriorie remeery				
Enclosed is a check fo	r 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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns				

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ICL	ΕI	- Nam	e:
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The name of the Limited Liability Company is:

(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 principal office of the Limited Liability Company is:

Prin	cip:	al (	Offic	ce A	ďďi	ess:

**Mailing Address:** 

50:42 214 Lutz, Florida 33549

Suite 214 Lutz, Florida 33540

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Name

Florida street address (P.O. Box NOT acceptable)

City, State, and Zin

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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

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member 500 B (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_ . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

## **REQUIRED SIGNATURE:**

Signature of a member 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.)

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)