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SECRETARY OF STATE TALLAHASSEE. FLORID

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## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT:	4 S LNVES	TMENTS, L.L d Liability Company)	.C.	-
The enclosed Articles of	Organization and fee(s) are su	ubmitted for filing.		
Please return all correspo	ndence concerning this matte	r to the following:		
E	E. WAYNE K	ATZ Name of Person)		
	(1	Name of Person)		
<del></del>	(	Firm/Company)		
/5	148 SHADOWA	nass Ciècle	SE( TALL	
		(Address)	RET AHA	П
LAX	48 SHADOWN LE MARY, F	LORIDA 327 (State and 7 in Code)	2 A D7	. —
	(City	/State and Zip Code)	J mm.	
For further information c	oncerning this matter, please	call:	3: 34 STATE LORIDA	
WAXN	= RATZ	at (407) 580-	7796	
(Name	of Person)	(Area Code & Daytime To	elephone Number)	_
Enclosed is a check for	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 Filin Certificate of Sta Certified Copy (additional copy is e	itus &
77.	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 · Circle	·

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

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:			
Principal Office Address:  Mailing Address:			
1548 SHADOWMOSS CIR. 1548 SHADOWMOSS CIECUE LAKE MARY, FL 32746 LAKE MARY, FL 32746			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent & Signature:  (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual officition business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  E. WAYNE RATZ  Name  1548 SHADOWMOSS CIRCLE  Florida street address (P.O. Box NOT acceptable)  LAKE MARY FL 32746  City, State, and Zip			
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			

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member	~		
MGR_	E. WAYNE RATZ 1548 SHADOWMOSS CIR- LAKE MARY FL 32746		
_MGRM	DOUGLAS SMITH 1089 SHADOWNOSS CIE. LAKE MARY FL 32746		
	SECRE AH		
	SEE D		
(Use attachment if necessary)	STA:		
ARTICLE V: Effective date, if other than the date is listed, the date must be so or 90 days after the date of filing.)	ate 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)