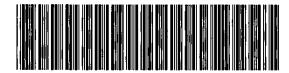
## L6700081233

(F	Requestor's Name)
A)	address)
(A	Address)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(C	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	p Filing Officer:





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## ... COVER LETTER

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	ion Section of Corporations		
Division			
etipteer.	Hart Vos	toration 110	
SUBJECT:	(Name of Limited L	iability Company)	
	•	,	•
The enclosed Artic	les of Organization and fee(s) are subr	nitted for filing.	
Please return all co	rrespondence concerning this matter to	the following:	
	Italy H	1art	٠
	(Nar	ne of Person)	_
			_
	(Fin	m/Company)	
	1484 Avon Lan	e # 22	_
^	,	(Address)	
	1484 AND Language F	L 33068	
	City/Sta	ate and Zip Code)	
For further informa	ation concerning this matter, please cal	l:	
Ital	L Hart at	( 954 ) 257-9841	
(	Name of Person)	(Area Code & Daytime Telephone Number)	
F	ala Canada a Callanai a a a a a a a a		
_	ck for the following amount:	<u> </u>	
\$125.00 Filing I	Fee \$\frac{130.00}{2\$\$130.00 Filing Fee & \$\frac{1}{2}\$\$ Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy 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	

## 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, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited	Liability Company is:
Principal Office Address:  Mailing Address:	•
1484 Avon Lane 1484 Avon Landerda North Londordale, FL 33068 North Landerda	<u>le, FL 3</u> 3068
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an inclusion business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:    IN.E 5  5+ Cf.     Florida street address (P.O. Box NOT acceptable)   Ft. Lay derdale FL 33334     City, State, and Zip	
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept registered agent and agree to act in this capacity. I further agree to comply we statutes relating to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent as provided for in	t the appointment as with the provisions of all am familiar with and

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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 "MGRM" = Managing M	Name and Address:  Member
"MGR"	Zinda Hart IN.E. 51st Ct. Ft. Landerdale, FL 33334
"MGR"	Italy Hart 1484 Avon Lane # 22 North Landerdale, FL 33068
•	
. (Use attachment if neces	ssary)
CLE V: Effective date, if	other than the date of filing: (OPTION de date must be specific and cannot be more than five business dating.)
CLE V: Effective date, if effective date is listed, the days after the date of fi	other than the date of filing: (OPTION de date must be specific and cannot be more than five business dating.)
CLE V: Effective date, if effective date is listed, the days after the date of fine the dat	other than the date of filing: (OPTION de date must be specific and cannot be more than five business dating.)
CLE V: Effective date, if effective date is listed, the days after the date of fine recognition of the date of the recognition of this recognition of the recognition	other than the date of filing: (OPTION de date must be specific and cannot be more than five business dateling.)  URE:

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)