## LOTOCO 87538

(Re	questor's Name)	
(Ad	dress)	
(Ad	dr <b>ess</b> )	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## COVER LETTER

,	TO: Registration Section Division of Corporations	
	SUBJECT: 154 COM Lho. (Name of Liffited Liability Company)	
	(IName of Emitted Liability Company)	
	The enclosed Articles of Organization and fee(s) are submitted for filing.	
	Please return all correspondence concerning this matter to the following:	
	Homan Hall	
	(Name of Person)	
	COSYCONSUlting: COM  (Firm/Company)  6404 Cams downe Circle (Address)	
	(Firm/Company)	
	6404 Cans downe Circle AHASS (Address)	arala E
	(Address)  ASS  ASS  ASS  ASS  ASS  ASS  ASS	Table 1
	Boynton Beach, Fl 33472	# 
	(City/State and Zip Code)  (City/State and Zip Code)  (City/State and Zip Code)	( national
	For further information concerning this matter, please call: $\overrightarrow{Q}$	· adjus
	1/ 1/11	
	Hendy Hall at (56) 402.8403 (Name of Person) (Area Code & Daytime Telephone Number)	
	Enclosed is a check for the following amount:	
[	☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee,	
	Certificate of Status  Certified Copy  (additional copy is enclosed)  Certificate of Status &  Certified Copy  (additional copy is enclosed)	
	(additional copy is enclosed)	
	Mailing Address  Registration Section  Registration Section  Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:

ARTICLE II - Address:	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6404 Lanzdowne circle Boynton Black Fl 334	zame
(The Limited Liability Company cannot serve as its o business entity with an active Florida registration.)  The name and the Florida street address  ##################################	of the registered agent are:  Name  Name    Name   Colored

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

## The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (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.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee