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(Requestor's Name)		
(Address)		
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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DIVISION OF CORPORATIONS

Office Use Only

COVER LETTER

TO: Registration S Division of Co					
SUBJECT: Che	etah Undergr (Name of Limited L	iability Company)	<u></u>		
The enclosed Articles of	f Organization and fee(s) are subn	nitted for filing.			
Please return all corresp	ondence concerning this matter to	the following:			
	Bryon T. [Jewald ne of Person)			
	(
	(Fin	n/Company)			110
	2646 5	IST ST. Address) FC 34234		7 SER 10 PM 2: 32	VISION
	(Address)		10	OF C
	Sarasota	FC 34234		PK	CORPORATIONS
		te and Zip Code)		<u>.</u> 25	STAI STAI
For further information	concerning this matter, please cal	l:		32	SHO
Eric Diller	burg at	(<u>941</u>) <u>780- 9</u> (Area Code & Daytime Tele	1812		
(Name	of Porson)	(Area Code & Daytime Tex	epnone Number)		
Enclosed is a check for	or 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 Fer Certificate of State Certified Copy (additional copy is end	ıs &	
	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 C Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	7 SEP 10
Cheetah Undergrou (Must end with the words "Limited Liabili	nd LLC. The company of the company
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2646 51 ST ST. SARASOLA, FC 34234	2646 51ST ST SARASOFE, FC 34234
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Eric Dillenbu Name	rg
2646 51 ST S	ress (P.O. Box <u>NOT</u> acceptable)
SAMSOLA City, State, a	rL 34234 nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

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 Member	Name and Address:
MGR	Bryon T. Dewald 2646 5157 ST SARASOTA, FC 34234
	
	07 SEP
	10 PH 2: 32
(Use attachment if necessary)	: 32
effective date, if other than the effective date is listed, the date must b 90 days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: (OPTIONAL) e specific and cannot be more than five business days [
Signature of a mergine	er or an authorized representative of a member.
(In accordance with se	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury
<u> </u>	yped or printed name of signee
Filing Faces	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)