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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<b>≠</b> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
SECRETARY OF STATE

## **COVER LETTER**

Division of Corporations
SUBJECT: ATKIN INVESTMENTS, LLC (Name of Limited Liability Company)
(Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
RYAN ATKIN (Name of Person)
(Firm/Company)
718 N.E. 4th CT.  (Address)  HALLANDALE, FL 33009  (City/State and Zip Code)
(Address)
HALLANDALE, FL 33009
(City/State and Zip Code)
For further information concerning this matter, please call:
RYAN ATKIN at (954) 394-9399 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

ATKIN INVESTMENTS, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LL

## **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:** 

**Mailing Address:** 

718 N.E. 4th CT. 718 N.E. 4th CT. HALLANDALE, FL 33009 HALLANDALE, FL 33009

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:

718 N.E. 4th CT.

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

HALLANDALE, FL 33009

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..

ristered Agent's Signature (REQUIRED)

Title: "MGR" = Manager "MGRM" = Managing Me	Mame and Address:
MGR	RYAN ATKIN 718 N.E. 4th CT. HALLANDALE, FL 33009
(Use attachment if necessary) CLEV: Effective date, if other	ner than the date of filing: (OPTIONAL)
CLE V: Effective date, if other of the control of t	ner than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days p
CLE V: Effective date, if other effective date is listed, the dots days after the date of filing required SIGNATURED	ner than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days p ag.)

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)