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| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECTETARY OF STATE

COVER LETTER

| TO: | Registration Section Division of Corporations | |
|----------|--|--|
| SUBJE | CT: Przyco (Name of Limited Liability Company) | |
| The end | losed Articles of Organization and fee(s) are submitted for filing. | |
| Please 1 | eturn all correspondence concerning this matter to the following: | |
| | Elitabeth Vaceland (Name of Person) Lizzy Co RCC (Firm/Company) | |
| - | (Name of Person) | |
| | Lizzy Co PRC | |
| | (Firm/Company) | |
| | 935 North Beneva Road Suite 60 | 9 \$5 |
| | (Address) | |
| | Sarasota Florida 34232 (City/State and Zip Code) | |
| | (City/state and Zip Code) | |
| For furt | ner information concerning this matter, please call: | |
| 2/ | entell. Veceland a | |
| <u></u> | (Name of Person) at (| per) |
| Enclos | ed is a check for the following amount: | |
| | 00 Filing Fee \$\Bigcup \\$130.00 Filing Fee \& \Bigcup \\$155.00 Filing Fee \& \Bigcup \\$160.00 Certificate of Status Certified Copy Certificate (additional copy is enclosed) | Filing Fee, te of Status & I Copy I 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

ARTICLE II - Address:

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

| Principal Office Address: | Mailing Address: |
|---------------------------|-------------------------|
| 935 North Beneva Rd | 935 Month Beneva Road |
| Suite 609 # 5 | Suite 609# 5 |
| Sansota, Florida 34832 | Savasota, Florida 34232 |

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:

Elizabeth Viscoland
Name

435 North Beneva 2d. Surfa 609

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

Sanasota FL 34332

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..

Istered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2 The name and address of each Manager or Managing Member is as follows:

| | <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--------|---|--|
| | MGRM | Sizapeth Viceland 935 North Bonnio Bond Sietz 609#5 Sarasota #1 34232 |
| | | |
| | | |
| | (Use attachment if necessary) | |
| (If an | CLE V: Effective date, if other than the deffective date is listed, the date must be so days after the date of filing.) | ate of filing: (OPTIONAL) specific and cannot be more than five business days prior |
| | REQUIRED SIGNATURE: | |
| | | or an authorized representative of a member. |
| | of this document constituent that the facts stated her | on 608.408(3), Florida Statutes, the execution ites an affirmation under the penalties of perjury ein are true.) |
| | Elizabett Type | ed 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)

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

Elizabeth Vneeland