

L09000031631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

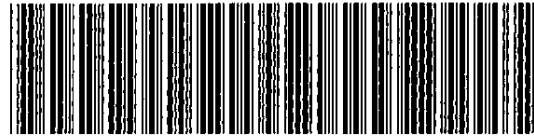
(Business Entry Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000147517540

04/01/09--01021--005 \*\*160.00

FILED  
09 APR - 1 AM 8:15  
TALLAHASSEE, FLORIDA

B. KOHR

APR - 2 2009

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Embrace The Culture, LLC.**  
\_\_\_\_\_  
(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:

Jon Nicholas Zepf  
\_\_\_\_\_  
(Name of Person)

Embrace The Culture  
\_\_\_\_\_  
(Firm/Company)

730 Maxwell Street  
\_\_\_\_\_  
(Address)

Orlando, FL 32804  
\_\_\_\_\_  
(City/State and Zip Code)

FILED  
09 APR - 1 AM 8:15  
TALLAHASSEE FLORIDA STATE

For further information concerning this matter, please call:

Jon Nicholas Zepf at ( 321 ) 945-2219  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Fee, 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:

Embrace The Culture, LLC.

(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:**

Jon Nicholas Zepf  
730 Maxwell Street  
Orlando, FL 32804

Jon Nicholas Zepf  
730 Maxwell Street  
Orlando, FL 32804

**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:

David Leonard Rose

Name

255 Rollingwood Trail

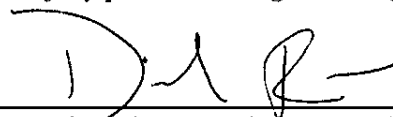
Florida street address (P.O. Box **NOT** acceptable)

Altamonte Springs, FL 32714

City, State, and Zip

FILED  
09 APR - 1 AM 8:15  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

*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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Ryan Christopher Caraballo  
12628 Victoria Place Circle Apt 216  
Orlando, FL 32828

MGRM

Jon Nicholas Zepf  
730 Maxwell Street  
Orlando, FL 32804

MGRM

David Leonard Rose  
255 Rollingwood Trail  
Altamonte Springs, FL 32714

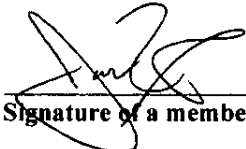
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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.)

Jon Nicholas Zepf

Typed 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)