(Requestor's Name)	-			
(Address)				
(Address)				
(City/State/Zip/Phone #)	-			
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Document Number)				
Certified Copies Certificates of Status	•			
Special Instructions to Filing Officer:				

Office Use Only

G. MCLEOD

JUN - 9 2009

**EXAMINER** 



000156747730

06/08/09--01029--005 \*\*130.00

#### COVER LETTER

**Registration Section** 

TO:

Division of C	Corporations	
SUBJECT:	Har	nd Sanitizer Store
	Name of Limit	ted Liability Company
The enclosed Articles	of Organization and fee(s) are	submitted for filing.
Please return all corre	spondence concerning this mat	ter to the following:
	V	Varren Persky
		Name of Person
	Han	d Sanitizer Store
<del></del>		Firm/Company
	262	29 NE 26th Ter
<del></del>		Address
	Lightho	use Point, FL 33064
		ty/State and Zip Code
	warren@l	HandSanitizerStore.com for future annual report notification)
For further informatio	n concerning this matter, pleas	
	rren Persky	at ( 954 ) 856-4253
Nam	e of Person	Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:	
<b>]</b> \$125.00 Filing Fee	▼\$130.00 Filing Fee & Certificate of Status	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

Company," "L.L.C.," or "LLC.")	
cipal office of the Limited Liabilit	y Company is
Mailing Address:	
2629 NE 26th Ter	
Lighthouse Point, FL 33064	
istered agent are:	ANG SIAIG
	<b>-6</b>
h Ter	PH 12: 08
ox NOT acceptable)	<u>.:</u>
FL 33064	08
L COU	-
	Mailing Address:  2629 NE 26th Ter Lighthouse Point, FL 33064  Office, & Registered Agent's Sign d Agent. You must designate an individual of istered agent are:  ark  h Ter  ox NOT acceptable)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## Page 1 of 2

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

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Warren Persky
	2629 NE 26th Ter
	Lighthouse Point, FL 33064
(Use attachment if necessary)	
CICLE V. Effective data if athenthese	the data of filling.   June 5, 2009 (OPTIONAL)
n effective date is listed the date mus	the date of filing: June 5, 2009 (OPTIONAL)  t be specific and cannot be more than five business days prior
90 days after the date of filing.)	t be specific and cannot be more than five business days prior
,	
REQUIRED SIGNATURE: $\eta$	
W/a	S (1 Carl
	nber or an authorized representative of a member.
(In accordance with	section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury
that the facts stated	
(2) a	crey P Porcks
	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)