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(Red	uestor's Name)	
	,	
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(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
		:
· (Bus	iness Entity Nar	ne)
· (Doc	ument Number)	•
Cartified Coning	Cortificator	and Chattina
Certified Copies	Certificates	o or status:
Special Instructions to F	iling Officer:	
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SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

DEC 2 2 2009

EXAMINER

COVER LETTER

10:	Division of Co						
SUBJE	CT.	Bo	atlifts4Sale, L	LC			
SUBSI			ed Liability Compan			_	
The en	closed Articles o	of Organization and fee(s) are	submitted for filing.				
Please	return all corres	pondence concerning this mat	ter to the following:				
			Linda Petz Name of Person		 ,	· · · · · ·	
			Name of Person				
		Воа	atlifts4Sale, LLC	· ·			
			Firm/Company		 4		
2689 SW Trailside Path				ALL.	9		
Address		RET.	33(
		St	uart, FI 34997		ARY SSE	2	Г
City/State and Zip Code				- 기 의	3	_[]	
			marine@yahoo.		L STX	<u>:</u>	
		E-mail address: (to be used	for future annual report	notification)	Đ.	9	
For fur	ther information	concerning this matter, pleas	e call:				
	Lie	nda Petz	at (772)	285-55	529		
	Name	of Person	Area Code &	& Daytime Telephone N	Number		
Enclos	sed is a check f	for the following amount:					
\$125.	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy)	y Cert is enclosed) Cert	0.00 Filing Lificate of S Lified Copy Itional copy is	tatus (
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	f Corporations			

		R FLORIDA LIMITED LIABILITY COMPANY		
The name of the Lin	ae: mited Liability Company	v is:		
		E O R		
		ale " LLC." 근 기가 다	Ž.	
(Mu	st end with the words "Limited I	Liability Company," "L.L.C.," or "LLC.")	,	
ARTICLE II - Ad	dress:	A Comment of the Comm		
The mailing addres	s and street address of th	e principal office of the Limited Liability Company is:		
Principal Office A	ddress:	Mailing Address:		
2689 SW Trailside Path Stuart, Fl 34997		2689 SW Trailside Path Stuart, Fl 34997		
(The Limited Liability Cobusiness entity with an a		ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another Effective Date 0105	0 ^C	
	Line	da Petz		
	N	ame		
	2689 SW	Trailside Path		
	Florida street address (P.O. Box NOT acceptable)		
	(ionau street uddress (rie Bon ries i acceptació)		
	Stuart, FI 34997	FL.		
	Stuart, Fl 34997	 -		

(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:

<u>Title:</u>		Name and Address:	09 SE FAL
"MGR" = Mana "MGRM" = Ma			FI GECRET
"MGRM"		Linda Petz 2689 SW Trailside Path Stuart, FL 34997	21 PA ARY OF SSEEF
"MGR"		Maurice Petz 2689 SW Trailside Path Stuart, FL 34997	2: 09 STATE LORIGA
(Use attachment	if necessary)		
	sted, the date must be s	ate of filing: 01/05/2010 specific and cannot be more than five	
<u>REQUIRED</u> SI	GNATURE:	Pat	
	Signature of a member of	or an a)thorized representative of a mem	ıber.
		on 608.408(3), Florida Statutes, the execution an affirmation under the penalties of pen are true.)	
		Linda Petz	
Filing Fees		d or printed name of signee	
	– Fee for Articles of Organiz	zation and Designation	

of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)