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2010 JAN 13 AM 11: 24 SECRETARY OF STATE

C. LEWIS

JAN 1 4 2010

EXAMINER

## COVER LETTER

TO:	Registration Section Division of Corporations
SHRIE	CT. Rock From Askas L.L.C.
SUBSI	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Stephen M. Rife Name of Person
	Name of Person
	NIA
	N/A Firm/Company
	2926 Genihi Ayeme N.E.
	Address
	Palm Bay, FL 32905
	Palm Bay, FL 32905  Dorn from a Shes band @ gnail. com  E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
<del></del>	Stephen Rufe at (321) 848-5063  Name of Person Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
	00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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

ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
Born From Askes, L. (Must end with the words "Limited Liability	L.C. ity Company." "L.L.C." or "LLC.")
	ny company, E.E.C., or EEC.
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2926 Grenibi Avenue N.E Palm Bay, FL 32905	2126 Femini Avenue N.E. Palm Bay, FL32905
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the registration.	egistered agent are:
Stephen M Name	1. Re
Name	mo a
	Avane N.E.
Florida street address (P.O.	Box NOT acceptable)
City, State, as	FL <b>329a</b>
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all orformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
	(DECLURED)
Registered Agent's Signat	ure (REOURRED)

(CONTINUED)

## Page 1 of 2

ARTICLE IV- Manager(s) or Mana The name and address of each Manage	ging Member(s): er or Managing Member is as follows: 2010 JAN 13 AM 11: 24		
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:  SECRETARY OF STATE TALLAHASSEE, FLORIDA		
MGR	Stephen M. Rufe 2926 Gemini Avene U.E. Palu Bay, FL 32905		
MGR	Jeremiah Branctt 1701 Lee Road Apt. J336 Willtopark. FL 32789		
MGRM	Jason Labelle 10229 Falcon Fines Blud. Apt. 303 Orlando, Fl. 32789		
MGRM	Sean Peacock  2336 Pain Place Drue N.E.  Pain Boy FL 32905		
(Use attachment if necessary)	Falm Bay, FL 329as		
ARTICLE V: Effective date, if other than the of (If an effective date is listed, the date must be to or 90 days after the date of filing.)  REQUIRED SIGNATURE:	date of filing: Olobio (OPTIONAL) specific and cannot be more than five business days prior		
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.)			
Stephi	ed or printed name of signee		
Filing Fees:	ed or printed name of signee		
\$125.00 Filing Fee for Articles of Organ of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)			