

(Re	equestor's Name))		
(Address)				
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. (Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

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G. MCLEOD

MAR - 8 2010

EXAMINER



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COVER LETTER

TO:

Registration Section

Division of Co	rporations	ì	ŧ
SUBJECT: <u>S/0</u> ,	6.1 Credif Name of Limit	Prucessing ed Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all corresp	ondence concerning this mat	ter to the following:	
MATTHEW SCUSSES			
,		Name of Person	
		Firm/Company	
		(*	
7/27	Imberwall	Address	
, .		/	
LAKE Mary, F1 32746 City/State and Zip Code			
M360	E-mail address: (to be used)	for future annual report notification)	
	concerning this matter, please		
		7 7/	
MATTHEN	Scussel	at (Area Code & Daytime Tele	7287
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for	or the following amount:		
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 C	

Tallahassee, 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	YCompany, "L.L.C.," or LLC.")			
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
412 Timberwalk Ln Lake Mary, Fl 32746	same			
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 re				
MATTHEW SCU.	556/ 558 558 558			
412 Timber Wal	IK Lu SPETARI			
	ess (P.O. Box NOT acceptable)			
LAKE Mary City, Stat	<u>FL 32 7 년</u> e, and Zip 역 구분			
liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S			
Registered Agent's Signatur	(REQUIRED)			
- Registered Agent's Stgnatu	revineu)			

(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: "MGR" = Manager

"MGRM" = Managing Member

MGRM" = Managing Member

MATT hew Scusse/

4/2 Timberwalk fa

Lake Mary, \$\mathcal{E}\$! 32746

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3-/-/0. (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.)

Typed or printed name of signee

Mother Scussel

.

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)