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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

JUN - 8 2010

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: 20/20 An	Myrics LLC
Name of I	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:
\sim	1 M
1º /A	ak Illanison
	Name of Person
	Firm/Company
	01 0 th-
1727 Carus	12) Plaza 1/0 # 204
IIVI COTICHII	Address VR 709
(/5/4 4	TER FL 33759 City/State and Zip Code
	City/State and Zin Code
20/	City/state and Zip Code
1 / 1 / () 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, p	olease call:
	Todas vari.
Mark Maria	717 719-8797
	at(1/d/) = d(p/1) d(1/1)
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amoun	nt:
The same of the sa	A CONTRACTOR OF THE PARTY OF TH
□\$125.00 Filing Fee 130.00 Filing Fee Certificate of Statu	& \$160.00 Filing Fee, s Certified Copy Certificate of Status &
Certificate of Statu	s (Prefertified Copy Certificate of Status & Certified Copy
	(additional copy is enclosed) (additional copy is enclosed)
	,
M-99 Address	Standal County Addition
Mailing Address Registration Section	Street/Courier Address Registration Section
Division of Corporati	
P.O. Box 6327	Clifton Building
Tallahassee, FL 3231	

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 Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liabi	lity Company is:
Principal Office Address: Mailing Address: 1927 Coachman Playa Dn #2H Cleanwaten F1 33759 Cleanwaten F1 33759 Cleanwaten F1	<u>:n U</u> #204 33.759
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Si (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individua business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are: Dana Klima Name 1727 Concumo Olaza M 4200 Florida street address (P.O. Box NOT acceptable) City, State, and Zip	
Having been named as registered agent and to accept service of process for the about liability company at the place designated in this certificate, I hereby accept the accepts the agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am faccept the obligations of my position as registered agent as provided for in Chap	appointment as e provisions of all amiliar with and
Registered Agent's Signature (REQUIRED)	SECRETAR DIVISION OF C
(CONTINUED) Page 1 of 2	TARY OF CE 1-7

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	STITUST 1727 CORMANN Place ON * CLEHUMTEN, FL 3875	* <u>20</u> /	
MGRM	AMCI TRUST 1727 CONCHMAN PLAZA ON # CLEMPLINIEN, FL 3375	*20 4 9_	
· ·			
			٠
(If an effective date is listed, the date must b	e date of filing: (OP he specific and cannot be more than five busin		
to or 90 days after the date of filing.) REQUIRED SIGNATURE:			
	er or an authorized representative of a member.		
of this document const that the facts stated he	Dava Klima	10,	SEC SEC
Filing Fees:	sped or printed name of signee	JUN - 7	RETAR PROFI

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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