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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Ві	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
SECRETARY OF STATE

T. HAMPTON

JAN - 0 2011

EXAMINER

COVER LETTER

10:	Division of	on Section Corporations			•
SUBJ	ест: (EAH FLA Nai	L-L-C		
		Na	me of Limited	d Liability Company	
The er	nclosed Article	es of Organization and	d fee(s) are s	abmitted for filing.	
Please	return all con	respondence concerni	ing this matte	r to the following:	
	EDWAR	-D ADDISON	U ITAR		
			1	Name of Person	
				Firm/Company	
	7616	NW 69th	AVE		
		·····		Address	
	TAMAR	AC FL	33321		
				State and Zip Code	
	EAHFL	A C YAYLOO.	(to be used for	r future annual report notification)
For fu		ion concerning this m			,
<u> 22</u>		DDISON IAAR	₹	at (<u>954</u>) <u>592</u> Area Code & Daytime T	-8372 elephone Number
Enclo	sed is a checl	k for the following	amount:		
₹]\$125.00	0 Filing Fee	\$130.00 Filing Certificate of		\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Addre Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations	Street/Courier Addre Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle

ARTICLES OF ORGANIZATION FOR FLOR	ADA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
EANFLA LLC (Must end with the words "Limited Liability Co	ompony "LLC " or "LLC")
ARTICLE II - Address: The mailing address and street address of the principal control of the pri	
	ailing Address:
7616 NW 69th AVE TAMATLAC FL 33324	7616 NW 69th AVE TAMARAC FL 3332-1
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	Agent. You must designate an individual or another
The name and the Florida street address of the regis	tered agent are:
EDWARD ADDISON	HART
Name	
7616 NW 69th A	
	(P.O. Box NOT acceptable)
TAMAZAC FI City, State, a	33321
Having been named as registered agent and to accelliability company at the place designated in this cregistered agent and agree to act in this capacity. I statutes relating to the proper and complete perfor accept the obligations of my position as registered.	certificate, I hereby accept the appointment as further agree to comply with the provisions of all mance of my duties, and I am familiar with and
Registered Agent's Signature	JAN
(CONTINUE) 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:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	r
MGR	EDWARD ADDISON HART
**************************************	TOMBRAC FL 33321
	TAMARAC FL 33321
	
(I lac attachment if necessary)	
LUSE AHACHMENT IT DECESSARV)	
LE V: Effective date, if other th	nan the date of filing: (OPTION
fective date is listed, the date n	nan the date of filing: (OPTIONAL nust be specific and cannot be more than five business day
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LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE:	nust be specific and cannot be more than five business da When have been successful to the specific and cannot be more than five business da member or an authorized representative of a member.
LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE: Signature of a second content of the second content	nust be specific and cannot be more than five business da (()) () () () () () () () ()
LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE: Signature of a secondance with sect constitutes an affirmation	member or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true.
LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE: Signature of a reconstitutes an affirmation I am aware that any false.	member or an authorized representative of a member.
LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE: Signature of a recordance with sect constitutes an affirmation I am aware that any false constitutes a third degree.	member or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, the information submitted in a document to the Department of State

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)