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Special Instructions to Fi	iling Officer:	
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SESRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

	Registration S Division of Co					
SUBJEC	ր. Rule c	f Thirds LLC				
Sebele			ed Liability Compa	ny		
The encio	osed Articles of	Organization and fee(s) are s	submitted for filing	.		
Please ret	turn all corresp	ondence concerning this matt	er to the following	:		
<u>N</u>	/laude W	lilson				
			Name of Person			
<u>F</u>	Rule of T	nirds Consignme				
			Firm/Company			
3	308 NE 1	Oth St			100 (100) 100 (100) 100 (100)	2011
			Address	-	23	FEB .
G	ainesville	, Florida 32601			ASSI	$\frac{1}{2}$
<u> </u>	41110011110		y/State and Zip Code			PH
m	naudebrow	n@gmail.com			(a)	
•		E-mail address: (to be used f	or future annual repo	rt notification)	(27) (27) (27) (27)	ယ္အ
For further	er information	concerning this matter, please	call:		*d÷	
Maude	e Wilson		at (352	222-1348		
	Name	of Person	Area Code	& Daytime Telep	hone Number	•
Enclosed	d is a check fo	r the following amount:	_			
√ \$125.00 F	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	ру	\$160.00 Filing For Certificate of State Certified Copy (additional copy is en	us &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	onrier Address on Section of Corporations building ecutive Center Core, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compar	ny is:
Rule of Thirds LLC	d Liability Company, "L.L.C.," or "LLC.")
(ividat ella vivat ale vivata). Eliminee	Zenomy company, Zenos, or the ,
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Maude Wilson	Maude Wilson
308 NE 10th St	308 NE 10th St
Gainesville, FL 32601	Gainesville, FL 32601
business entity with an active Florida registration.) The name and the Florida street address of Maude Wilson	f the registered agent are:
	Name
308 NE 10th 8	St
Florida str	eet address (P.O. Box NOT acceptable)
Gainesville	_{FL} 32601
C	City, State, and Zip
liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and compl	nd to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as appacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and s registered agent as provided for in Chapter 608, F.S

Registered Agent's Signature (REQUIRED)

(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> "MGR" = Manager	Name and Address: Maude Wilson
"MGRM" = Managing Member	L Company
MGR	Maude Wilson
	308 NE 10th St
	Gainesville, FL 32601
	CO.
	77
(Use attachment if necessary)	
W. F. W. Effective data if other than the	e date of filing: 05/02/2011 . (OPTION
LE V: Ellective date, if other than the	be specific and cannot be more than five business d
days after the date of filing.)	be specific and eaunor be more than live business a
and a min and and a mine.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Signature of a member or an authorized representative of a member.

Maude Wilson

Typed or printed name of signee

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)