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EXAMINER



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SLUKETARY OF STATE
WILLAHASSEE, FLORIDA

COVER LETTER

то:	Registration Division of C	Section Corporations		
SUBJ	_{ECT:} Enha	anced Risk, LLC		
		Name of Limit	ed Liability Company	
The er	nclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please	return all corre	spondence concerning this mat	ter to the following:	
	Van Ang	alin		
			Name of Person	
			Firm/Company	
	2020 -	O a manage and tall Divid	гип/сопрану	
	3032 E.	Commercial Blvd	Address	
			Addios	
	Fort Laud	erdale Florida 3330		·
			y/State and Zip Code	
	vananglin	@gmail.com E-mail address: (to be used to	for future annual report notification)	
For fu	rther informatio	n concerning this matter, please	•	•
Van	Anglin		at (954) 4656366	<i>v</i> .
		e of Person	Area Code & Daytime Telep	phone Number
Enclo	sed is a check	for the following amount:		
√]\$125.00	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & 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	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE 1 - Name: The name of the Limited Liability Company is: Enhanced Risk, LLC (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 Liability Company is: Principal Office Address: Mailing Address: 3032 E. Commercial Blvd Fort Lauderdale Florida 33308 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

The name and the Florida street address of the registered agent are:

business entity with an active Florida registration.)

Van Anglin

Name

77 S. Birch Rd 10C

Florida street address (P.O. Box NOT acceptable)

Fort Lauderdale

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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	Van Anglin
	3032 E. Commercial Blvd Fort Lauderdale Florida 33308
MGRM	South Common
IVIOTAVI	Sarah Gagnon 4003 S. Westshore Blvd #3111
	Tampa Florida 33611
	
(Use attachment if necessary)	
	n the date of filing: May 24th,2011 . (OPTIONAL) ust be specific and cannot be more than five business days p
<u>REQUIRED</u> SIGNATURE:	// / /:
Signature of a mo	ember or an authorized representative of a member.
(In accordance with section	on 608 408(3). Florida Statutes, the execution of this document

(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.)

Van Anglin

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)