## 11/0000069790

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	пе)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status

Special Instructions to Filing Officer:

A. LUNT

JUN 15 2010

**EXAMINER** 

Office Use Only



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06/13/11--01824--038 \*\*160.00



## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Reasoning Youth	Madia ed Liability Company)	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mate	ter to the following:	
	Temple	Christian (Name of Person)	
	. 1	(Name of Person)	SECRET SALLAH
		(Firm/Company)	SSEE S
	64 Woodchuch	(Address)	F STATE
	Boco Roton	FL 33428	ATE
	(0)	, 2	
For further information	concerning this matter, please	e call:	
Noncy S (Name	Sedra K of Person)	at ( <u>213</u> ) <u>985 - 8</u> (Area Code & Daytime Telep	88 5 phone Number)
Enclosed is a check for	or the following amount:		
\$125.00 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 2661 Executive Center Ci	rcle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	3:
(Must end with the words "Limited Liab	Medic LLC Su. Sility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liabilise Company is:
Principal Office Address:	Mailing Address:
11364 Woodehuck Drives Boca Roton, FL 33428	Boca Roton, FL 33428
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)  The name and the Florida street address of the	istered Agent. You must designate an individual or another
Noncy Sedre	<del>e K</del>
	ddress (P.O. Box NOT acceptable)
City, State	<u>へ、FL 33428</u> , and Zip
liability company at the place designated in registered agent and agree to act in this capacistatutes relating to the proper and complete paccept the obligations of my position as reg	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager	Name and Address:  Name And Address:
"MGRM" = Managing Memb	Der ASS
MGR	Temple Christian Mo
	Boca Raton, FL 33428 Fin
MGR	Noncy Sedrak
	11364 Woodshuck Driver Book Roton, EL 33428
	·
	•
	-
(Use attachment if necessary)	
LE V: Effective date, if other	than the date of filing: (OPTIONAL
LE V: Effective date, if other	than the date of filing: (OPTIONAl must be specific and cannot be more than five business days
LE V: Effective date, if other ffective date is listed, the date days after the date of filing.)	than the date of filing: (OPTIONAL must be specific and cannot be more than five business days
LE V: Effective date, if other ffective date is listed, the date	than the date of filing: (OPTIONAL must be specific and cannot be more than five business days
LE V: Effective date, if other ffective date is listed, the date days after the date of filing.)	than the date of filing: (OPTIONAL must be specific and cannot be more than five business days
LE V: Effective date, if other ffective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURE:	than the date of filing: (OPTIONAL must be specific and cannot be more than five business days
LE V: Effective date, if other ffective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURE:  Signature of (In accordance of this document)	than the date of filing: (OPTIONAL must be specific and cannot be more than five business days

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