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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
·		:

G. MCLEOD

AUG 16 2011

EXAMINER



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08/05/11-01013-017-4/30.00

TANG IS PH 2: 17

TO:

850-249-6251

Registration Section

COVER LETTER

Ath - Gina

Division of Corporations SUBJECT: Name of 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: Firm/Company

City/State and Zin Code E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arca Code & Daytime Telephone Number

Enclosed is a check for 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 Circle Tallahassee, FL 32301

AR ITICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
178: haute of the Emined Liability Company is.
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
AR TCLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
412 Kelly St Same
F 32413
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 busit ess entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Name Name 270 Squal (175 pt Florida street address (P.O. Box NOT acceptable) PCG 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)

Page 1 of 2

All TICLE IV- Manager(s) or Managing Member(s):

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

<u>Tirie:</u> "M∱GR" = Manager	Name and Address:
"MiGRM" = Managing Member	Kelly Mosterson
•	
(Use attachment if necessary) AFCTICLE V: Effective date, if other than the first out of the date must to or 90 days after the date of filing.)	he date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a mem	ber or an authorized representative of a member.
constitutes an affirmation un I am aware that any false infi	08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, promation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)