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(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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SECRETARY OF STATE

T. HAMPTON SEP J Z 2011

EXAMINER

COVER LETTER

Division of Co			•	
SUBJECT: Fair Dive	orce LLC			
Name of Limited Liability Company				
The enclosed Articles of	Organization and fec(s) are	submitted for filing.		
Please return all correspo	ondence concerning this mat	ter to the following:		
· Michael Hars	hman			
		Name of Person		
		Firm/Company		
1610E Earon	aget Diggs	rim/Company		
16105 Foremast Place				
Lakewood Ra	nch, Florida 34202			
	Cit	y/State and Zip Code		
mike@mikeha		for future annual report notification)		
For further information c	oncerning this matter, please	e call:		
Michael Harshman		at (941) 735 9015		
Name o	f Person	Area Code & Daytime Tele	phone Number	
Enclosed is a check for	the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 C Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
Fair Divorce LLC				
(Must end with the words "Limited Liabili	ty Company, "L.IC.," 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:			
16105 Foremast Place	16105 Foremast Place			
Lakewood Ranch, Florida 34202	Lakewood Ranch, Florida 34202			
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 business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:				
Michael Harshman				
Name				
16105 Foremast Place				
Florida street address (P.O. Box NOT acceptable)				
Lakewood Ranch	FL 34202			
City, State, and Zip				
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S			
Registered Agent's Signatu	ire (REQUIRED)			

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

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

Title: "MGR" = Manager		Name and Address:
"MGRM" = Managi MGR	ng Member	Michael Harshman 16105 Foremast Place Lakewood Ranch, Florida 34202
MGRM		Ruth M. Harshman 16105 Foremast Place Lakewood Ranch, Florida 34202
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) If an effective date is listed, the date must be specific and cannot be more than five business days prior		
to or 90 days after the date of the days after the days after the date of the days after the day		
ç:		an authorized representative of a member

(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.)

Michael Harshman

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)

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