LICOULDE

(Requestor's Name)			
(Address)			
(riddless)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
L. SELLERS			
SEP 27 2011			

.á.

Office Use Only

EXAMINER



500212259205

09/26/11--01018--019 **130.00



COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	T: Fa Salasworks L-LC. Name of Limited Liability Company			
	Name of Entitled Elability Company			
The end	osed Articles of Organization and fee(s) are submitted for filing.			
Please 1	urn all correspondence concerning this matter to the following:			
	Ryan P. Ford			
-	F2 Salesworks LLC Firm/Company			
-	4218 West Linebaugh Ave			
-	Tampa, FL 33624 City/State and Zip Code F2 Salos works @ amail. COM E-mail address: (to be used for future annual report dotification)			
	Fasalosumo V S Q amout COM			
_	E-mail address: (to be used for future annual report notification)			
For furt	er information concerning this matter, please call:			
Ry	Name of Person at (P13) 727 . 6232 Area Code & Daytime Telephone Number			
Enclose	is a check for the following amount:			
\$125.00	iling Fee \$\frac{1}{2}\$\$130.00 Filing Fee & \$\frac{1}{2}\$\$ Certificate of Status \$\frac{1}{2}\$\$ Certified Copy (additional copy is enclosed) \$\frac{1}{2}\$\$ Certified Copy (additional copy is enclosed)			
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability	
	• • • • • • • • • • • • • • • • • • • •
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Hall W. Linebaugh Ave Tampa, FL 33624	Tampa, FL 33624
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the reg	gistered agent are:
RYAN P.	Ford
Hair w. Line	ess (P.O. Box NOT acceptable)
Tampa City, State	
liability company at the place designated in this registered agent and agree to act in this capacity. statutes relating to the proper and complete perfe	cept service of process for the above stated limited s 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 ered agent as provided for in Chapter 608, F.S.
Registered Agent's Signature	e (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 "MGRM" = Managing Member	Name and Address:
MGR	RYAN P. FORD 143 Broadway St Dunedin Fl. 34698
MGR	CHAD FISHER 1918 Audiey Dr Clearwater /FL 33759
	 ;
	
(Use attachment if necessary)	
	be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	

Signature of a member or 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.)

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)