L 1 000 116 113

(Requestor's Name)
(Address)
(Address)
Ϋ́, Υ
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
<b>_</b>
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
I
Special Instructions to Filing Officer:

Office Use Only



10/11/11--01003--021 \*\*160.00

RECEIVED

CLINE

GUE 3 1 2011

EXAMINER

# **COVER LETTER**

٠.

.

. .

.

.

 $\frac{1}{2}$ 

11
ing the

.

10/04/2011 23:34 302211233

## 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 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:

### 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:		
Jourson Forrest	AH	-77
TINS I MALLA APUM P	TARY ASSE	Transland 1
Florida street address (P.O. Box <u>NOT</u> acceptable)		
<u>HONDOR PMED</u> FL <u>502</u> City, State, and Zip	ONDE	

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

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

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

 Title:
 Name and Address:

 "MGR" = Managing Member
 Jacob Toricst

 MCTR
 Jacob Toricst

 MGCIRM
 Jacob Toricst

 MGRM
 Jacob Toricst

 Jacob Toricst
 Jacob Toricst

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 filing.)

**REQUIRED SIGNATURE:** 

tert		
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 States constitutes a third degree felony as provided for in 5.817.155, F.S.)	11 OCT IF1 /	
Filling Frees:	E F	a a a a a a a a a a a a a a a a a a a
\$ \$125.00 Filing Fee for Articles of Organization and Designation     \$ \$2 >>       of Registered Agent     \$ \$2 >>       \$ \$30.00 Certified Copy (Optional)     >       \$ \$5.00 Certificate of Status (Optional)	61:0	0

Page 2 of 2