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(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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(Business Entity Name)			
(Document Number)			
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ANT AHASSEE. FLORID.

J. BRYAN

DEC -6 2011

EXAMINER

COVER LETTER

Division of Corp			
SUBJECT:	Sign me Name of Limited	Up L.L.C	· •
	Name of Limited	Liability Company	<u>رئ</u>
The enclosed Articles of O	rganization and fee(s) are sub	omitted for filing.	TALLAR TO
Please return all correspond	dence concerning this matter	to the following:	易かり
Kymk Sic	perly Miller in me D	eme of Person	PH I: LL
89	Jida St	rm/Company	
	1106	Address	
Rivie	ra Bch	FI ;	33404
Kymm	er 010 unh	tate and Zip Code O - O M future annual report notification)	
For further information cor	ا ncerning this matter, please ca	all:	
Kymberly Marpe of P	Yille a	Area Code & Daytime Telep	2868 hone Number
Enclosed is a check for t	he following amount:		
\$125.00 Filing Fee	S130.00 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 C Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Sign me Up L.L	· C.			
Must end with the words Limited Liabil	ity 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:			
89 Tide St	89 Tide St			

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 of another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Florida street address (P.O. Box NOT acceptable)

Riviera Deach FL 33404

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)

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	Name and Address:			
"MGRM" = Managing Member	Kymberly Miller 89 Tide St Riviem Beh & 33404			
 	TARECR TO			
	HASSER PR			
(Use attachment if necessary)	FLORIDA FLORIDA			
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior			
REQUIRED SIGNATURE:	Will.			
Signarare 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. 1 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)