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(Requestor's Name)			
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AND ANASSEE FLORIDA

COVER LETTER

	Registration Section Division of Corporations	en de la companya de
٠, ٠, ٠,	Division of Corporations Sea Side Sea food Name of Limit	
SUB	Name of Limit	ed Liability Company
The c	nclosed Articles of Organization and fee(s) are	submitted for filing.
Pleas	e return all correspondence concerning this mat	ter to the following:
	Christopher Wesley	Name of Person
		Name of Person
		Firm/Company
	2620 DI EC	t street
	2630 D.W. Fire	Address
	Boynton Beach	FLorida 33435
	Boynton Beach City Lanham C 6. E-mail address: (to be used	y/State and Zip Code nai/ Com for future annual const position in the constant of the consta
For fi	arther information concerning this matter, please	
CI	Vistopher W Lanham	at (56/) 503-0321 Area Code & Daytime Telephone Number
	Name of Person	Area Code & Daytime Telephone Number
Encl	osed is a check for the following amount:	
\$125. 0	00 Filing Fee & \(\) Certificate of Status	\$155.00 Filing Fee & S160.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

:
<i>C</i>
ility Company, "L.L.C.," or "LLC.")
orincipal office of the Limited Liability Company is:
Mailing Address:
2630 N.W. 15t Boynton Beach FC 33435
ed Office, & Registered Agent's Signature: istered Agent. You must designate an individual or another
registered agent are:
AHASSE P.O. Box NOT acceptable) FL 33435 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)

Title: "MGR" = Manager	Name and Address:			
"MGRM" = Managing Member President M6R Vice President M6R	Christopher W. Lanham 2630 N.W. 13+ 130ynton Beach FL 33435 Mary Chusid 9478 NW 53 ST Sunrise FL 3335			
(Use attachment if necessary)				
ARTICLE V: Effective date, if other than the date of filing: Locving 130,2011. (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.)				
(In accordance with section 608.40 constitutes an affirmation under the I am aware that any false informatic constitutes a third degree felony as Typed	an authorized representative of a member. All All All All All All All All All Al			
Filing Fees:				

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

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

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)