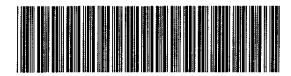
## #1/2000027/10

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

Office Use Only



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KBALY EXAMINER FEB 27 2012

## **COVER LETTER**

TO:	Registration Sec Division of Corp						
SUBJI	ECT:	TRAN	DING ited Liability Com	······	CES	LLC	
The en	closed Articles of C	Organization and fee(s) are	submitted for fili	ng.			
Please	return all correspon	dence concerning this ma	tter to the following	ng:			
	R	ONALD I	Name of Person	AROS	se_		
		TRAD	///Company	PLAC	es	LLC	
		P.O. E	B OX Address	1116			
		Eusti	5 F	3	272	7	
		EUSH Cocket k E-mail address: (to be used	200 7  Tor future annual re	77 port notification)	Rocket	MAIL	CON
For fur		ncerning this matter, pleas					
/	RONALO Name of	J. MAROS (Person	2 at ( <u>352</u> Area Coo	) <u>434</u> le & Daytime Tele	421 phone Number	8	
Enclos	sed is a check for t	he following amount:					
125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fil Certified C (additional co		\$160,00 Fil Certificate of Certified Co (additional co	of Status &	
		Mailing Address Registration Section		Courier Address tion Section			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	EFFESTIVE DATE				
(Must end with the words "Limited Liability	PLACES LLC. y Company, "L.L.C.," or "LLC.")				
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:				
118 Forest DR	P.O. Box 1116				
LeesBurg Il34788	EUSHS, Fl 3 27727				
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 re	gistered agent are:				
Monde O	J. MARUSE PR				
118 F	orest on.				
Florida street addre	ess (P.O. Box NOT acceptable)				
Lees Bung: City, State	FI. A 3\$ 788				
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete pery	ccept service of process for the above stated limited is 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				

(CONTINUED)

## 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" = Manager "MGRM" = Managing Member	
MER.	RONALD J. MAROSE
	PONALD J. MAROS-e P.O. BOX 111C EUSTIS, FL 32727
Monn	Lee 5 MAROSO 110 FOREST DA. LeesBurg Fl 34786
<del></del>	LeesBung FC 34786
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: FEB, 28,2017(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:** 

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.817,159,45

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)