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J. SAULSBERRY EXAMINER

MAR 12 2012

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	SMAN BUSIN	ess HELP LL C	·
SOBJI		ed Liability Company	
The en	closed Articles of Organization and fee(s) are s	submitted for filing.	
Please	return all correspondence concerning this matte	er to the following:	
	Damian Alle	un.	
		Name of Person	
			2017 7. SE
		Firm/Company	OLZ MAR SELIKET
	980 S.W.76 AVE A	41	
		Address	-9 AV
	North Lauderdale	FL 33068	STAI
	City	//State and Zip Code	
Ċ	Small Business need Help O E-mail address: (w be used for	or future annual report notification)	
For fur	ther information concerning this matter, please	call:	
Dav	Name of Person	at (323642 - 8106 Area Code & Daytime Telephone Numl	per
Enclos	sed is a check for the following amount:		
]\$ 125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certified Copy Certifica (additional copy is enclosed) Certified	Filing Fee, ate of Status & d Copy d copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallphasee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
	HELP LLC
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
980 S.W. 76 AVE APT 1 North Cauderd ale FL 33068	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regista business entity with an active Florida registration.)	
The name and the Florida street address of the repair of the results of the resul	egistered agent are: Allen Allen Allen Allen
980 S.W. 76 Ave	AH1 FOR NOT assentable)
North Lauderdale City, Sta	FL 33068 tte, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and attered agent as provided for in Chapter 608, F.S
~ 111	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Damian Allen allo S.W. 76 Ave AP11 North Lauderdale FL 37068 TALLAHASSEE, F. ORIBA ORIGINAL AMBRICANIST ORIGINAL AMBRETARY OF STATE ORIGINAL AMBRETARY OF STATE ORIGINAL AMBRICANIST ORIGINAL ORIGINAL AMBRICANIST ORIGINAL ORIGINAL ORIGINAL ORIGINAL ORIGINAL ORI
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er or an authorized representative of a member.
8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State
ny as provided for in s.817.155, F.S.) Allen

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)