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	Fax Number	: (850) 617-6383		(5)	30	CEIVE
From:				ကြီး		**************************************
		: LAZARUS CORPORAT	E FILING SERVI	CE, INC.	· ·	ļ.,
		: I20000000019 : (305)552-5973		<u>'</u>		١.
		: (305)220-1440			STATE 1	
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anny	aal report mailin Address: FLORII		email address	please.** AHASSEE, FE	12 MAY 30 AM	
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anny	FLORII ATP38 G	DA LIMITED LIAB	EILITY CO. OR C.A. LLC	please.** AHASSEE, FE	12 MAY 30 AM	

D. BRUCE

MAY 3 1 2012

Help

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

H12000141721

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the L	imited Liability Company is		est ,
	ATP38 GAV	PO Consultor C.	A. LLC
(N	lust end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - A The mailing addre	_	principal office of the Limited Lia	bility Company is:
Principal Office	Address:	Mailing Address:	•
1845 NW/1	2 AVP. Unit 204 Flowdu 33 172	1844 NW 11ZA	NP (JUST 204)
(The Limited Liability (ed Office, & Registered Agent's gistered Agent. You must designate an individ	nal or another
The name and the	Florida street address of the	e registered agent are:	MAY 30 CARLIANS
	1845 NW 116 Florida street a Vian.	address (P.O. Box NOT ecceptable) FL 33/78 e, and Zip	TOF STATE FLORIDA
liability comp	any at the place designated i	to accept service of process for the c n this certificate, I hereby accept the city. I bether acree to comply with	e appointment as

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

(CONTINUED) Page 1 of 2

H12000141721

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<u>Title:</u> "MGR" = Man "MGRM" = M	ager anaging Member	Name and Address:
1GRM J.	RANCIS TERUM	6016 NW 116 HD ace #1409
		
	nt if necessary)	
(Use attachmer		
LE V: Effectiv	ve date, if other than the	e date of filing: (OPTIONAL) the specific and cannot be more than five business days pr
LE V: Effective date is	ve date, if other than the	e date of filing: (OPTIONAL) se specific and cannot be more than five business days pr
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LE V: Effective fective date is days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE:	specific and cannot be more than five business days programme than five business days days days days days days days da
ffective date is days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with se	er ovan authorized representative of a member.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

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