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SECRETÄRY OF STATE ALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER JUN 4 2012

# **COVER LETTER**

TO: Registration Se Division of Cor						
SUBJECT: U.S. T	ask Force					
SUBJECT:		d Liability Company	,			
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.				
Please return all correspo	ndence concerning this matte	er to the following:				
Nathaniel	V. Carey					
		Name of Person			<del></del>	
U.S. Task	Force					
<del></del>		Firm/Company				
15590 67	th Ct. North			TALL SE	2011	
		Address		Æ.	- MUF	Brahag 27
Loxahatche	e/Florida 33470-3	429		IAR) SSF		
	City	//State and Zip Code		FI ()	<b>20</b> ≈	-
ncarey1989(	hotmail.com			_်(ဂ) <b>ာ</b> င္ငံ	<u></u>	Ċ
	E-mail address: (to be used to	or future annual report notification)			AH I : 36	
For further information co	oncerning this matter, please	call:	Į.	>	O,	
Nathaniel Carey		at (561 ) 225-9292				
Name o	f Person	Area Code & Daytime Tele	phone Number			
Enclosed is a check for	the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Fili: Certificate o Certified Co (additional cop	f Statu py	s &	
,	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32214	Street/Courier Address Registration Section Division of Corporations Clifton Building				

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ICL	ÆΙ	- N	ame
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The name of the Limited Liability Company is:

### U.S. Task Force LLC.

(Must end with the words "Limited Liability 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:**

15590 67th Ct. North

Loxahatchee, FL 33470-3429

**United States** 

15590 67th Ct. North

Loxahatchee, FL 33470-3429

**United States** 

#### 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 registered agent are:

Nathaniel V. Carey

Name

15590 67th Ct. North

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

Loxahatchee

FL 33470-3429 · 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 (REQUIR

(CONTINUED)

Page 1 of 2

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

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

Title: "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	Nathanial V. Caray
	Nathaniel V. Carey  15590 67th Ct. North
	33470-3429
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(Use attachment if necessary)	
CLE V: Effective date, if other t	han the date of filing: (OPTIONAL must be specific and cannot be more than five business days
CLE V: Effective date, if other the effective date is listed, the date of days after the date of filing.)	han the date of filing: (OPTIONAL)
CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.)  REQUIRED SIGNATURE:	nan the date of filing: (OPTIONAL must be specific and cannot be more than five business days
CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.)  REQUIRED SIGNATURE:	nan the date of filing: (OPTIONAL must be specific and cannot be more than five business days
CLE V: Effective date, if other to effective date is listed, the date of days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a  (In accordance with sec constitutes an affirmation of a days after the date of	han the date of filing: (OPTIONAL)
CLE V: Effective date, if other to effective date is listed, the date of days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a  (In accordance with seconstitutes an affirmation of a days after the date of the date of the days after the date of	member or an authorized representative of a member.  tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, see information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)