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(R	equestor's Name)	· '-
(A	ddress)	· · · · · · · · · · · · · · · · · · ·
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(C	ity/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)
(C	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to		

A. LUNT

JUN 29 2011

EXAMINER

Office Use Only

800236600898

06/25/12--01017--007 **125.00

COVER LETTER

	ction Section of Corporations	
SUBJECT:	301 Partners LLC Name of Limited Liability Company	_
The enclosed Artic	cles of Organization and fee(s) are submitted for filing	
Please return all co	orrespondence concerning this matter to the following.	
	William 5 A. Journer	
	Firm/Company	
	901 S. Federal Highway, S.	ute_ 10
	Ft. Lauderdale 7L 33311	<u>e</u>
	City/State and Zip Code	
- , · 	E-muil address (to be used for finure unnual report notification)	
For further informe	ation concerning this matter, please call. Open at (954) 76/-833 Name of Herson Area Code & Davrime Telephone Number	<u> </u>
Enclosed is a che	eck for the following amount:	
\$125.00 Filing Fee	c \$130.00 Fiting Fee & S155.00 Filing Fee & \$160.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) (additional copy)	Status &
	Mailing Address Street/Courier Address Registration Section Registration Section Division of Corporations P.O. Box 6327 Clifton Building	

Tallahessee, FL 32314

266) Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Married aread socials the consequence	Of Partners 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:			
901 S. Federal Hury Suite 101 Ft. Laurerdale FL 3	5Gme			
(The Limited Liability Company cannot sorve as business entity with an active Florida registration.) The name and the Florida street address of the Florida	ess of the registered agent are: A. D. Wilkes Name S. Federal Hwy Suite 101 ide street address (P.O. Box NOT acceptable)	TILED 25 M 9: 26 A SECURIOR STATE A		

's Signature (REQUIRED) Registered A

(CONTINUED)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title:
"MGR" = Manager Name and Address: MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ (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: entative of a member. (In accordance with section 608.408(3) Floods 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 faise information submitted in a document to the Department of State constitutes a third degree (clony as provided for in s.817.155, F.S.) Typed or printed name of signee

Plling 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)

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

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