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J. BRYAN

JUL 2 0 2012

EXAMINER

COVER LETTER

	ition Section of Corporations		· .
SUBJECT: F	oreign Currency Name of Limited L	Research 1 lability Company	Dovelopment, U
The enclosed Arti	icles of Organization and fee(s) are subn	nitted for filing.	
Please return all c	orrespondence concerning this matter to	the following:	SEC. B.
	Ricardo	A VOVO	Z SEE FLOWER S
	Fin	n/Company	
	8595 Colla	Addrass Pkuy	#350
	Fort Myors valvaroz 12	ate and Zip Code	919 mail.com
	E-mail address: (to be used for fu	ture annual report notification)	
Bica	nation concerning this matter, please call Name of Person	l: (102) 376 Area Code & Daytime Tele	phone Number
Enclosed is a ch	eck for the following amount:		
\$125.00 Filing Fe	Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Foreigh Curvency Research & byle 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:
2505 College Pruntant 505 College Pruny#3519 FT Myors FU 33919
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: Name Name
Florida street address (P.D. Box NOT acceptable) Florida street address (P.D. Box NOT acceptable) 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 (REQUIRED)

(CONTINUED)

Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) (OPTIONAL) **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! 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.817.155, F.S.) Typed or printed name of signee

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

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

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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