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(Ro	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
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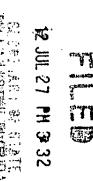
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T. CLINE JUL 2 7 2012 EXAMINER



## **COVER LETTER**

TO:	Registration Division of (	Section Corporations		
SUBJI	ECT: Tw	UESTMENTS of Name of Librated	PASSION LL	<u></u>
The en	closed Articles	of Organization and fee(s) are su	bmitted for filing.	
Please	return all corre	spondence concerning this matter	r to the following:	
	Ken	Anderson		
		N	Jame of Person	
		Ţ	Firm/Company	
	1922			
	6333	River Food	Address	
	New	Bot Richey City/ horse@ AOL. E-mail address: (to be used for	H 34652	
_	hndrd	horse@AOL.	State and Zip Code	
		n concerning this matter, please o		
X	Nan Nan	oderson	at (727) 919- Area Code & Daytime Tele	370 Z
Enclos	sed is a check	for the following amount:		
<b>[</b> ]\$125.00	) Filing Fee	\$130.00 Filing Fee & 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 Corporation Clifton Building 2661 Executive Center ( Tallahassee, FL 32301	s 2 JUL 2

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

INVESTMENTS OF PASSION 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:
New Port Richey FL 34652	SAme

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

633 River Ro.

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

New Port Richey FL 34657

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)

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	WALTER CONCOVAN  121 JAY ROOD  TOWNSHEND VT 05353	
MGRM	Ken Anderson 6333 River Rd. New Port Richey 34652	
(Use attachment if necessary)		
RTICLE V: Effective date, if other than	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days pri	or
RTICLE V: Effective date, if other than if an effective date is listed, the date must		or
RTICLE V: Effective date, if other than if an effective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:	t be specific and cannot be more than five business days pri	or
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