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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
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						Come la	orena Maldonado
To: 1	Page 2 of 5	5	. 20	12-07-24 22:51:20 (GMT)	12397905026	From: Lo	
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	-		, CO	VER LETTER	5	.*	
•			•	VERLETTER			
		TO: Registration Division of	on Section f Corporations				
	\sim	SUBJECT: SUI	ivi 11C				
		SUBJECT: Com		Limited Liability Company			• • • • • • • • •
		The enclosed Article	es of Organization and fee(s) are submitted for filing			
			respondence concerning this	-			
			_	s matter to the following.			
		Lorena	P. Maldonado	Name of Person	•		
		0		Think of Labour			
		Suiivi, I	LLC.	Firm/Company			
				Firm/Company			
		2142 A	rbour Walk Cir. A	······································			
				Address			
		Naples,	FL 34109				
				City/State and Zip Code			
		loremaldo	D@hotmail.com	used for future annual report notification)			
	\sim	Por further informati					
		rol luithet infolmati	ion concerning this matter, p	Diease call:			
		Lorena P. Mal	donado	at (239) 595-0442			
		Na	une of Person	Area Code & Daytime Tele	ephone Number		
		Enclosed is a check	k for the following amour	11.			
	. 						•
	·ل	\$125.00 Filing Fee	[]\$130.00 Filing Fee & Certificate of Statu		\$160.00 Filing, F Certificate of Stat Certified Copy (additional copy is er	tus &	
			Mailing Address	Street/Courier Address			•
			Registration Section Division of Corporati	Registration Section		N SE	2017
			P.O. Box 6327	Clifton Building		SECRETARY	
			Tallahassee, FL 3231	4 2661 Executive Center (Tallahassee, FL 32301	Cirele	NAT AN	ω <u>μ</u>
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Page 3 of 5

To:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

Suiivi, 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:

2142 Arbour Walk Cir	÷	2142 Arbour Walk Cir
Apt # 2626		Apt # 2626
Naples, FL 34109		Naples, FL 34109

Naples.

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:

Lorena P. Maldonado

Name

2142 Arbour Walk Cir. Apt # 2626

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

FL 34109 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.

And	
Registered Agent's Signanne (REQUIRED)	

(CONTINUED)

Page 1 of 2



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		ARTICLE IV- Man				
~		The name and address	s of each Manager o	or Managing Member is as follows:		
4 <u>,</u> 7	· · · · ·	Title:		Name and Address:		,
	. •	"MGR" = Manager				· · · · · · · ·
	• • • •	"MGRM" = Managir	ig Member		••	· · · · ·
	· · · · · · · · ·	MGRM	· · · · · · · · · · · · · · · · · · ·	Megan E. Christopher		
				1520 Blue Point Ave # 103		
				Naples, FL 34102		
		MGRM				·
				Lorena P. Maldonado		
				2142 Arbour Walk Cir. Apt # 2626		
				Naples, FL 34109	_	
						
						,

		(Use attachment if no	ecessary)		• •.	
	(If an e	ffective date is listed, ffective date is listed, days after the date o	the date must be sp	e of filing: 06/01/2012	IONAL) ss days prior	
		REQUIRED SIGNA	TURE:			
			/			
			(Factor		
		Sig	nature of a member or	an authorized representative of a member.		
		constitutes a l am aware	an affirmation under the that any false information	(3), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true on submitted in a document to the Department of Stat provided for in s.817.155, F.S.)	-	5
		L	orena P. Maldor	nado	FS 5	
			Typed	or printed name of signce	AH	
		Filing Fees:			<u>~~</u>	
			or Articles of Organiza	tion and Designation		
		of Register \$ 30.00 Certified Co			101	<u>ب</u> ک
			of Status (Optional)		STATE FLORIDA	5
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