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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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D. BRUCE SEP 10 2012 EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: (4, (, installation) |
| Name of Limited Liability Company |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| (MIGE (MIGE) |
| Name of Person |
| |
| Firm/Company |
| 1562 Keily LUN |
| Address |
| Tallahassee Fl. 32301 City/State and Zip Code |
| Greg, Green 69 a gmail. Com Je-mail address: (to be used for future annual report notification) |
| |
| For further information concerning this matter, please call: |
| (4reg (4reeu al 850, 727-3662 |
| J Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} Certified Copy (additional copy is enclosed) |
| |
| Mailing Address Registration Section Registration Section |
| Division of Corporations Division of Corporations P.O. Box 6327 Cliffon Building |
| Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| | ations ILC |
|--|--|
| (Must end with the words "Limited Liabi | lity Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the p | rincipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 1562 Keily RUN Tailahassee Fl. 32301 | Same |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) | |
| The name and the Florida street address of the | registered agent are: |
| 1562 Kc: | dess (P.O. Box NOT acceptable) |
| Tallahassee | FL 32301 late, and Zip |
| liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete p | accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, 45. |
| Registered Agent's Signa | SEE FLORID |
| (CONTIN | (UED) |
| Page 1 of | 2 |

| face an | | 57 3 4 3 3 | |
|--|---|--|-------|
| <u>Title:</u> "MGR" = | = Manager | Name and Address: | |
| "MGRM | " = Managing Member | | |
| mGI | RM | Greg Green | |
| , | | 1562 Keily RUN | |
| | | | |
| | | Tallahassee H 32301 | |
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| (Use atta | chment if necessary) | | |
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| ICLE V: Ef | ffective date, if other t ate is listed, the date | than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days pr | or |
| ICLE V: Ef | ffective date, if other t | than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days pr | or |
| ICLE V: En effective da 90 days afte | ffective date, if other tate is listed, the date er the date of filing.) | than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days pr | or |
| ICLE V: En effective da 90 days afte | ffective date, if other t ate is listed, the date | than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days pr | or |
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| ICLE V: En effective da 90 days afte | ffective date, if other tate is listed, the date or the date of filing.) RED SIGNATURE: Signature of a constitutes an affirmat I am aware that any fa | than the date of filing: | |
| ICLE V: En effective da 90 days afte | ffective date, if other tate is listed, the date or the date of filing.) RED SIGNATURE: Signature of a constitutes an affirmat I am aware that any fa | than the date of filing: | or |
| ICLE V: En effective da 90 days afte | ffective date, if other tate is listed, the date or the date of filing.) RED SIGNATURE: Signature of a constitutes an affirmat I am aware that any fa | than the date of filing: | .pcom |

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