L12000117782

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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SECRETARY OF STATE
TALLAHASSEE, FLORID

D. BRUCE

SEP 1 4 2012

EXAMINER

EFFECTIVE DATE 9/10/12

COVER LETTER

TO: Registration Division of C				
SUBJECT:	Name of Limite	AC UC ed Liability Company		
. The enclosed Articles	of Organization and fee(s) are	submitted for filing.		
Please return all corres	spondence concerning this matt	er to the following:		
<u> </u>	Jasmine	Atiyoh		
	RIF AVEN	Name of Person	1	
	10.0	Firm/Company		
8	305-1 Mano	r Club Circl	<u> </u>	
		Address	,	
Tar	rpa FL 3	33647	•	
1	·	y/State and Zip Code	-	
<u> </u>	smine @ 2 Ro	and E Avenue or future annual report notification	COM Es	
			2 SEP ECRET LLAH	
For further information	n concerning this matter, please	e can:		<u>ئ</u> س الس
- asmine	Atweh.	at (813) 394-	4403 EEG P	
Nam	e of Person	Area Code & Daytime Tele	ephone Number 55 R	<i>D</i> \
Enclosed is a check	for the following amount:		* 23 PRIDA	.
\$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	Street/Courier Address		

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: Range Avenue (Must end with the words "Limited Liability Company)	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registerest business entity with an active Florida registration.)	S305 Manor Club Cir. Tampa, FL 33141 Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another.
The name and the Florida street address of the re	egistered agent are: APPI ASS FIARE FIAR
Uasmine A Name	Club Circle Unit 188 23
Florida street add	ress (P.O. Box NOT acceptable)
TUMPA City, Sta	FL 33447 Ite, and Zip
0 0	accept service of process for the above stated limited his 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

EFFECTIVE DATE 9/10/12

DESCRIPT Name

Title: "MGR" = Manager	Name and Address:
. "MGRM" = Managing Member	
·	
(Use attachment if necessary)	
	date of filing: 9 10/2012 (OPTIONAL)
to or 90 days after the date of filing.)	e specific and cannot be more than five business days prior
DEOLUDED CICNATUDE.	CLAH.
REQUIRED SIGNATURE:	FILARY ASSEE
	Somme attended in the state of
	498(3), Florida Statutes, the execution of this document
constitutes an affirmation under I am aware that any false inform	the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
Lasmine	ped or printed name of signee
	ped or printed name of signee
Filing Fees:	

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

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