## L12000131138

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	2 #f)
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
`	·	•
(Do	cument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filina Officer:	
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Office Use Only



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Effective Date 1-1-2013

10/12/12--01031--014 \*\*130.00

TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

OCT 15 2012

## **COVER LETTER**

TO: Registratique Division of C	ង្ហីដូន្លេandboa	rds LLC	ķ*		
SUBJECT: SI	ip Face S	uandboards LL	$\mathcal{C}$		
	Name of Lim	ited Liability Company		•	
The enclosed Articles	of Organization and fcc(s) an	e submitted for filing.			
PleaNicole ©	grateliff onceming this ma	atter to the following:			
Slip Face	e Sandboards	Num of Person			
19772 N	W 71st Ave	Firm/Company			
		Address			
Starke, FI 32	2091		;	<b>T</b> 2	•
wickeduf@y	/ahoo.com	ity/State and Zip Code		SLUGETARY	
	E-mail address: (In be used	for future annual report notification)		## CT	17
For further information	concerning this matter, plea			[T] ~	, 4J
Nicole Cundiff	· · ·	904 263-65	666	AM B; 24 of State of Lorid	, e , , e , e , e , e , e , e , e , e ,
Name	of Person	at () Area Code & Daytime Tel	ephone Number	ATE ATE	
Enclosed is a check f	or the following amount:	_	_		•
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Sta Certificate Copy (additional copy is of	atus &	
	Mailing Address Registration Section	Street/Courier Address Registration Section	<u>5</u>		

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

ARTICLE 1 - Name:

CThe name of the Comitted Hability Company is t

(Must end with the words "Li	nited 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:	
19 <b>272nolm/Diffica/Address:</b> Starke, FI 32091	Mathemadarest Ave Starke, Fl 32091	
19772 NW71 Rt AVP SHACKE FL 32091	19772 NW 715+ AVE STACKE, FL 32091	
Z111-1(1-1)	Oine Re ) 12 50011	
ARTICLE III - Registered Agent, Re	gistered Office, & Registered Agent's Signature:	
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its	gistered Office, & Registered Agent's Signature:	* 12.00 tg
ARTICLE III - Registered Agent, Re(The Limited Liability Company cannot serve as its business entity with an active Florida registration.  The name and the Florida street address Nicole Cundill	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another to the registered agent are:	(44) (14) (2) (4)

(CONTINUED)

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..

Page 1 of 2

<u>Title:</u>	Name and Address:		
"MGR" = Manager	Nicole Cundiff		
MGMGRM" = Managing Member	19772 NW 71st Ave		
MGB	Starke, Fi 32091		
MGR		-	
		-	
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(Use attackment if necessary)			
(Use attachment if necessary)	January 1, 2013		
CLE V: Effective date, if other than the	January 1, 2013 date of filing: (OPTI	ONAL)	
CLE V: Effective date, if other than the effective date is listed, the date must b	•	ONAL) is days prior	
CLE V: Effective date, if other than the effective date is listed, the date must b	date of filing: (OPTI	ONAL) is days prior	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	date of filing: (OPTI	s days prior ⊶	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	date of filing: (OPTI	s days prior ⊶	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	e date of filing: (OPTI be specific and cannot be more than five busines	s days prior ⊶	<b>—————————————————————————————————————</b>
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	e date of filing: (OPTI pe specific and cannot be more than five businesses or an authorized representative of a member.	SCORETAR TALLAHASS	
CLE V: Effective date, if other than the effective date is listed, the date must be do days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member	et date of filing: (OPTI per specific and cannot be more than five business er or an authorized representative of a member.	2912 9CT 12 SECRETARY C	
CLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member	e date of filing: (OPTI be specific and cannot be more than five business er or an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are to mation submitted in a document to the Department of States.	SECRETARY OF STALLAHASSEE, FI	
CLE V: Effective date, if other than the effective date is listed, the date must be do days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of the end of	e date of filing: (OPTI be specific and cannot be more than five business er or an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are the mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)	SECRETARY O	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

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