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(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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OVERSON OF COMPORATIONS

JAN 1 7 2013 T. HAMPTON

COVER LETTER

TO:	Registration Division of C	Section whether man and penso orporations	en karin sakurtu (h. 1700) artitoalarea (h. 1700). 1904:
SUBJE	CCT: R	1705 Al	Le RATIONS LLC ed Liability Company
The end	closed Articles	of Organization and fee(s) are s	ubmitted for filing.
Please	return all corres	pondence concerning this matte	er to the following:
		GARIOS 6	ON ZA 1CZ Name of Person
		, · ·	Firm/Company
	m /	614 CATE	Vevin Da
•			Address
		DRIANDO	FIA 37839
•		City	FIA 32839 V/State and Zip Code
_	**** b ** (1*)	E-mail address: (to be used for	or future annual report notification)
For furt		concerning this matter, please	•
	AR/06	GONZA 187	at (407) 351-6099 Area Code & Daytime Telephone Number
	(viii)	our dison	. And code a paymine religione ranner
Enclos	ed is a check t	for the following amount:	
⊒ \$125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

1 6 3 - 25 !

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

business entity with an active Florida registration.)

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:
RICAN do MOTICA	17781 Sterling PONGLA ONLANGE
	32820

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

The name and the Florida street address of the registered agent are:

RICARdo MOTICA

Name

17187 STERLING POND L N

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

ONLANDO FL 32820

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:

Title: "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MCKW - Wallaging Welloc	11787 STERLING PUNG L ORMNAO FI-37870
(Use attachment if necessary)	
CLE V: Effective date, if other t effective date is listed, the date or 90 days after the date of fi	han the date of filing: (OPTIONAl te must be specific and cannot be more than five busines ling.)
REQUIRED SIGNATURE:	
	1:
	(\mathcal{F})

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

Filing Fees:

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

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

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