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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	-
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SAULSBERRY EXAMINER
FEB 5 2013

(850) 245-6051.

COVER LETTER

TO:	Registration Division of C	Section Corporations							٠
SUBJE	ст:	Vorthwest Na	Dance of Limite					_	
The end	closed Articles	of Organization an	d fee(s) are s	submitted for	or filing.				
Please	return all corre	spondence concern	ing this matte	er to the fo	llowing:				
			Aslin	Name of Pe	utun			····	
-		N	orthwe		MUruh				
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F	ASIIMM Nam	Bouton e of Person	·	at (<u> </u>	rea Code & Daytin	1&- 6 me Telepi	20 & & hone Number	_	
Enclos	ed is a check	for the following	amount:			,			
1 \$125.0	00 Filing Fee	□\$130.00 Fili Certificate o	_	Certif	00 Filing Fee & ied Copy onal copy is enclo		\$160.00 Filing Certificate of S Certified Copy (additional copy is	tatus &	
		Mailing Addr Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	R D C 20	treet/Courier A egistration Section of Corpo lifton Building 661 Executive C allahassee, FL 3	on orations Center Ci	rcle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	s:
Must end with the words "Limited Lis	ce Studis LLC ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	min single office of the Limited Liebility Company is
The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5495 Clarwna OLOU PA Orlando, FC 32810	5495 Charcona Own Rd Orlando, Fr 32810
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Regusiness entity with an active Florida registration.)	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
The name and the Florida street address of the	
Sarah Si	ne L
5495 Uarwa Florida street a Orlando FC	na Ocoac PLA address (P.O. Box NOT acceptable) FL 32810
•	State, and Zip to accept service of process for the above stated limited

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Peter Brunton
-	5312 Windridge Lane Orlando, FC 32810
MGRM	Aslinn Bouton 7418 Butty St.
•	Winter Park, FC 32792
(Use attachment if necessary)	
	the date of filing: (OPTIONAL)
	ust be specific and cannot be more than five business days
	2013
REQUIRED SIGNATURE:	
_Och	m Routur
-	aber or an authorized representative of a member.
(In accordance with section 6 constitutes an affirmation und I am aware that any false info	white of a member.

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)