## L13000057570

(Re	equestor's Name)			
(Ad	ldress)			
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
	siness Entity Nan	20)		
(60	isiness Emity Nan	ne,		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filina Officer:			
, 	J			
·		٠		

Office Use Only



100246844731

04/18/13--01029--015 \*\*125.00

ECRETARY OF STATE

N. Oulligan APR 1 9 2013

## COVER LETTER

TO:	Registration S Division of Co			
SUBJE	CCT:	A Name of Lim	63 Meadow ited Liability Company	is, LLC
		•		
The en	closed Articles of	of Organization and fee(s) are	e submitted for filing.	
Please	return all corresp	oondence concerning this ma	atter to the following:	
	Rach	el Spin	Name of Person	
		•	Name of Person	
	<del></del>	············	Firm/Company	·
	3550	Washing	gton St. Apt	708
	Holly	wood, J	City/State and Zip Code	
,	1	_		
•		E-mail address: (to be used	d for future annual report notification)	······································
For fur	ther information	concerning this matter, pleas	se call:	
Ru	H W.	<u>UZMGN</u> of Person	at (56) 15- Area Code & Daytime Teleph	one Number
Enclos	sed is a check fo	or the following amount:		
\$125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy	\$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 Cir Tallahassee, FL 32301	cle

ARTICLE I - Name: The name of the Limited Liability Company is:	· · · · · · · · · · · · · · · · · · ·
(Must end with the words "Limited Liability of	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prince	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
63 Meadous Drive Boynton Beach, FL	3550 Washing ton N. #70 Hollywood, Fl 33021
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	
The name and the Florida street address of the reg	istered agent are:
Raciel	Spinner EB 3 T
350 Wash Florida street address	ss (P.O.Bbx NOT acceptable)
Hollywood City, State,	ss (P.O. Bbx NOT acceptable)  FL 3302   ST 25   ST 25
liability company at the place designated in this registered agent and agree to act in this capacity	cept service of process for the above stated limited s certificate, I hereby accept the appointment as  I further agree to comply with the provisions of conformance of my duties, and I am familiar with

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
"MGR"	Rachel Spinner 3550 Wadrington CF #108 Holly 1000d, FC 33021
`,	
<del> </del>	
	<u> </u>
an effective date is listed, the date mustor to or 90 days after the date of filing.)  REQUIRED SIGNATURE:	st be specific and cannot be more than five business days
Prachel	
(In accordance with section 60 constitutes an affirmation unde I am aware that any false information to the control of the con	8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.
consulutes a trura degree felon	
Kachel	y as provided for in s.817.155, F.S.)
	y as provided for in s.817.155, F.S.)

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