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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates of	Status
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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JUN 1 0 2013 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: 5608 1	4th St W LLC		
Sobolec 1.	Name of Limited	I Liability Company	
The enclosed Articles of O	ganization and fee(s) are su	ubmitted for filing.	4
Please return all correspond	lence concerning this matte	r to the following:	
Matt Olsaf	sky		
		Name of Person	
R&L Cons	sulting INC		
		Firm/Company	
33790 Ca	pitol St		
		Address	
Livonia, MI 48	3150		
	City/	State and Zip Code	
mro@randL.r	net	r future annual report notification)	
For further information con			
Michael Cunningh	nam	at (330) 607-452	5
Name of F		Area Code & Daytime Tel-	ephone Number
Enclosed is a check for the	he following amount:		
]\$125.00 Filing Fee \$\times\$\$	S130.00 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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, El. 32301	ıs

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ΔI	?TI	CI	\mathbf{F}	I_	Nai	me:

The name of the Limited Liability Company is:

5608 14th St W LLC

(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:
5608 14th St W	6175 Dalton Fox Lake
Bradeton, FL 34207	N Lawrence, OH 44666

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 business entity with an active Florida registration.)

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

Northwe	st Registered Agent LLC
	Name
3030 N	. Rocky Point Dr. STE 150A
	Florida street address (P.O. Box NOT acceptable)
Tampa	_{FL} 33607
	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..

Dan Keen-Manager

(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:

MGR	Michael Cunningham 6175 Dalton Fox Lake N Lawrence, OH 44666
MGR	Ann Cunningham
	6175 Dalton Fox Lake N Lawrence, OH 44666
Use attachment if necessary)	
	the date of filing: (OPTION.

Signature of a member or an authorized representative of a member.

(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.)

Matt Olsafsky

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)