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SECRETARY OF STATE ALLAMASSEE, FLORIDA

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850) 245-6051.	COVE	R LETTER	er 🕦	*
TO: Registration So Division of Cor				
SUBJECT: A	List Marketine Name of Limit	Group, LLC ed Liability Company		
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.		
Please return all correspo	ondence concerning this matt	er to the following:		
	Edens	Billy		
		Name of Person		
	A List Marke	Firm/Company	LLC	
	7929 Faine			
		Address		
	Milamar,	F1. 33023		
	Čit	F1. 33023 y/State and Zip Code Oup 1@ ama: 1-(am for luture armual report notifice		
	E-mail address: (to be used to	or future armual report notifice	ntion)	
For further information c	oncerning this matter, please	call:		
Fl. out		00		
Edens 1811	f Person	at (786) 369 Area Code & Daytin	s – 4461 ne Telephone Num	ber
Englaced is a shoot fa	•			
•	r the following amount:			
□\$125.00 Filing Fee	Certificate of Status	Signature 155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific sed) Certific	Filing Fee, ate of Status & Copy all copy is enclosed
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Ad Registration Section Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations enter Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
A List Marketing (Must end with the words "Limited Diability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7929 Fairway Blud Musemar, Fl. 33023	7929 Fairway Bluz Miranur, Fl 33023
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Edens Bil	lly
7929 F-ass w Florida street add	ress (P.O. Box NOT acceptable)
Misown or City, Sta	FL 33023 te, and Zip
liability company at the place designated in the registered agent and agree to act in this capaci all statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S
alx	
Registered Agent's Signatu	re (REQUIRED)

(CONTINUED)

Page 1 of 2

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(OPTION
d cannot be more than five busin
I representative of a member.
atutes, the execution of this document rjury that the facts stated herein are true.
a document to the Department of State s.817.155, F.S.)
a St

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)