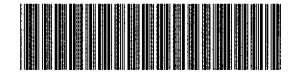
L13000091069

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
' special instructions to raing Officer.
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06/24/13--01014--022 **130.00

FILED 2013-JUN 24 PM 12: 15 SECRETARY OF STATE (850) 245-6051.

COVER LETTER

TO: Registration Division of C	section Corporations		
SUBJECT: BOO	ks To Taxes L	LC	
SUBJECT:		ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
Patrici	a A Tremblay		
		Name of Person	
		Firm/Company	
9664 8	SE 122nd Pl		
***************************************		Address	
Bellev	iew, FL 34420)	
		ty/State and Zip Code	
ptremb	lay@bookstotax	(es.com for future annual report notification)	
For further information	on concerning this matter, please	-	
	Tremblay	_at (603) 505-89	917
Nan	ne of Person	Area Code & Daytime Telep	
Enclosed is a check	for the following amount:		
□\$125.00 Filing Fee	S \$130.00 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	Street/Courier Address Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Books To Taxes	H.C.		
DOURS TO TAXOS		iability Company, "L.L.C.," or "LLC.")	
ARTICLE II -	Address:		
The mailing ad	lress and street address of the	e principal office of the Limited Liabi	lity Company is:
Principal Offic	e Address:	Mailing Address:	
9664 SE 1122nd	PI	9664 SE 122nd Pl	
Belleview, FL. 3-	420	Belleview, FL 34420	
ARTICLE III	Registered Agent Regists	ered Office & Registered Agent's Si	anginre.
(The Limited Liabili		ered Office, & Registered Agent's Si egistered Agent. You must designate an individua	
(The Limited Liabili business entity with	y Company cannot serve as its own R	egistered Agent. You must designate an individua	or another
(The Limited Liabili business entity with	y Company cannot serve as its own R an active Florida registration.)	egistered Agent. You must designate an individua	or another
(The Limited Liabili business entity with	y Company cannot serve as its own R an active Florida registration.) he Florida street address of the Patricia A Tremblay	egistered Agent. You must designate an individua	or another
(The Limited Liabili business entity with	y Company cannot serve as its own R an active Florida registration.) he Florida street address of the Patricia A Tremblay	egistered Agent. You must designate an individua	or another Zilis July 24
(The Limited Liabili business entity with	y Company cannot serve as its own R an active Florida registration.) he Florida street address of the Patricia A Tremblay No. 19664 SE 122nd Pl	egistered Agent. You must designate an individua	or another SECRETARY OF TALLAHASSEE.
(The Limited Liabili business entity with	y Company cannot serve as its own R an active Florida registration.) he Florida street address of the Patricia A Tremblay No. 19664 SE 122nd Pl	egistered Agent. You must designate an individua he registered agent are:	or another Zilis July 24

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member Patricia A Tremblay **MGRM** 9664 SE 122nd Pl Belleview, FL 34420 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:**

Patricia A Tremblay

Typed or printed name of signee

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

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)