L13000/03953

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
\wedge
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
CPOCIAL Wallaction Co. C. IIII.
JUL 2 3 2013
A. LUNT

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NEGRATIVA CONTRACTOR OF STATE OF STATE



COVER LETTER

TO: Registration Division of C			
SUBJECT: Tu	Name of Limit	ed Liability Company	<u>. </u>
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
	Casey Tuz	Name of Person	
		Firm/Company	
	1310 Groveland	Mills Dr.	
	Tallahorse 1	=L. 32317 y/State and Zip Code	ALS TO
		y/State and Zip Code k @ a on oil . Com. of future annual report notification)	
For further information		call: (880) 433 8440	AHII: OF STATE SEE FLORID.
Casey	Tuz:K	_at (<u>850</u>) <u>345 - 3</u> Area Code & Daytime Telep	5742 PAT S
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	□\$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	Street/Courier Address	

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

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Must end with the words "Limited Liabili	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:
1310 Groveland hills Dc. Tallahassec FL. 32317	1310 Graveland Lills Dr Tallahossec FL 32317
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 Casey Tuzik Name 1310 Groveland L Florida street add Tallahassec City, Sta	ress (P.O. Box NOT acceptable)
liability company at the place designated in the registered agent and agree to act in this capaciall statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. 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

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member			
MGRM	Casey Trzik 1310 Groveland bills Dr	_	
	Tellahossee FL. 32317	- -	
		- -	
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(Use attachment if necessary)		•	
CLE V: Effective date, if other than the	ne date of filing: (OPTIC) NAL))
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CLE V: Effective date, if other than the effective date is listed, the date mu o or 90 days after the date of filing.)	ne date of filing: (OPTIC st be specific and cannot be more than five bus	ONAL)) day
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CLE V: Effective date, if other than the effective date is listed, the date must o or 90 days after the date of filing.)	ne date of filing: (OPTIO	DNAL)) day
CLE V: Effective date, if other than the effective date is listed, the date must our 90 days after the date of filing.) REQUIRED SIGNATURE:	ne date of filing: (OPTIC st be specific and cannot be more than five bus	ONAL)) day

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)