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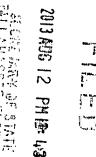
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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### COVER LETTER

TO:

Registration Section **Division of Corporations** 

MANE-Training LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mr. Ryan Thomas Tremblay

**MANE-Training** 

Firm/Company

4551 S Lake Orlando Pkwy

Orlando/Florida/32818

City/State and Zip Code

RyanT.Tremblay@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan Tremblay

Name of Person

Area Code & Daytime Telephone Number

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** 

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 Circle Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	ıma•		
	Limited Liability Company i	s:	
	, , ,		2
MANE-Training LLC			
(N	flust end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	ddroce		800 N
=		principal office of the Limited	Liability Company is:
1110 1110111119		p	The state of the s
Principal Office	Address:	Mailing Address:	<b>5</b>
4551 S Lake Orlando	Pkwy	4551 S Lake Orlando Pkwy	
Orlando FI 32818		Orlando FI 32818	
The name and the	Florida street address of the Mr. Ryan Thomas Tremblay	e registered agent are:	
	Name		
	4551 S Lake Orlando Pkwy		
	Florida street a	address (P.O. Box NOT acceptable)	
	Orlando	<sub>FL</sub> 32818	
	City,	State, and Zip	
liability compo registered agent all statutes rela	any at the place designated it t and agree to act in this cap ating to the proper and compl	to accept service of process for to this certificate, I hereby accept acity. I further agree to comply lete performance of my duties, a registered agent as provided for	t the appointment as with the provisions of nd I am familiar with
	JA JAMA		
	Registered Agent's Sign	nature (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:

MGR	Mr. Ryan Thomas Tremblay
wigk	4551 S Lake Orlando Pkwy
	Orlando Fl 32818
	(A)
	rit To
	077
	EA -V
<del></del>	
Use attachment if necessary)	
Ose acaeminent it necessary)	
	an the date of filing: 08/07/2013 (OPTIO
LE V: Effective date, if other that	
LE V: Effective date, if other that fective date is listed, the date	
	must be specific and cannot be more than five bus

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.)

Ryan Thomas Tremblay

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)