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COVER LETTER

TO: **Registration Section Division of Corporations**

Princeton (Sixty Four) Exchange Accommodators

Name of Limited Liability Company

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

Please return all corres	pondence concerning this matt	er to the following:	
Arthur (C Gay		
		Name of Person	
-		Firm/Company	
7215 A	nglewood Lar	ne	
		Address	
Tallaha	issee, Florida	32309	
artgay@a		y/State and Zip Code	
		for future annual report notification)	
For further information	concerning this matter, please	e call:	
Arthur C G	Say	850 38686	25
Name	of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check f	or 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	Street/Courier Address Registration Section Division of Corporations	AHASSEE

P.O. Box 6327 Tallahassee, FL 32314

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:	
Princeton (Sixty Four) Exchange Accommodators, LLC (Must end with the words "Limited Liability)	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7215 Anglewood Lane, Tallahassee, Fi 32309	7215 Anglewood Lane, Tallahassee, Fl 32309
	No Address - The Control of the C
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 reaction Arthur C Gay	ered Agent. You must designate an individual or another
Name	
7215 Anglewood Lane	
	lress (P.O. Box <u>NOT</u> acceptable)
Tallahassee City Sta	FL 32309tte, and Zip
Having been named as registered agent and to a 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 ity. I further agree to comply with the provisions of e performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S

(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" = Manager "MGRM" = Managing Member	
MGRM	Arthur C Gay
	7215 Anglewood Lane, Tallahassee, Fl 32309
	
	
	and the same of th
(Use attachment if necessary)	
LE V: Effective date, if other than ffective date is listed, the date m or 90 days after the date of filing REQUIRED SIGNATURE:	the date of filing: August 20, 2013 nust be specific and cannot be more than five busines. Jayanness of an authorized representative of a member.
LE V: Effective date, if other than ffective date is listed, the date m or 90 days after the date of filing REQUIRED SIGNATURE:	nust be specific and cannot be more than five busine (.) There are a suthorized representative of a member.
LE V: Effective date, if other than fective date is listed, the date mor 90 days after the date of filing REQUIRED SIGNATURE: Signature of a mer (In accordance with section constitutes an affirmation ur	mber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.
LE V: Effective date, if other than fective date is listed, the date mor 90 days after the date of filing REQUIRED SIGNATURE: Signature of a mer (In accordance with section constitutes an affirmation ur I am aware that any false information of the constitutes are affirmation of the constitutes and affirmation of the constitutes are affirmation of the constitutes and affirmation of the constitutes are affirmation of the constitutes	mber or an authorized representative a member. 608.408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State
LE V: Effective date, if other than ffective date is listed, the date m or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a mer (In accordance with section constitutes an affirmation ur I am aware that any false information of the constitutes are affirmation of the constitutes and affirmation of the constitutes are affirmation of the constitutes and affirmation of the constitutes are affirmation of the constitute	mber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)