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SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: EFAR, 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:
Eric P. Clark Name of Person
Name of Person
EEAO 11/
Firm/Company
29124 Mango Lane Address
Big Pine Key, Florida, 33043 City/State and Zip Code
City/State and Zip Code
Ericc4747 @ Gmail. com FF F F F F F F F F F F F F F F F F F
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ericc4747 @ Gmail. Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  EricP. Clark  Name of Person  Area Code & Daytime Telephone Number  Finclosed is a check for the following amount:
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee  Certificate of Status  □\$155.00 Filing Fee & Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:		
EFAR, LLC		
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address: The mailing address and street address of the printing address and street address and stre	ncipal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
29124 Mango Lane Big Pine Key, FL 33043	Same	
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	_	
Eric P-Clar	<u> </u>	
29/24 Mang	O LANC ress (P.O. Box NOT acceptable)	
Big Ane Key City, State	te, 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 capacital statutes relating to the proper and complete and accept the obligations of my position as reg	his certificate, I hereby accept t ty. I further agree to comply w performance of my duties, and	he appointment as ith the provisions of d I am familiar with
Registered Agent's Signatu	re (REQUIRED)	Ey R
(CONTINU Page 1 of 2		III SEP 12 A
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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Membe	er en
MGR	Eric P. Clark 29124 Mango Lane
	Big Pine Kay, FL 33043
MGRM	Wendy S. Dewhurst Clark 29 1217 Mango Lane
	Big Pine Key , FL 33043
(Use attachment if necessary)	
	than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days ling.)
REQUIRED SIGNATURE:	
[]	
Signature of a	member or an authorized representative of a member.
constitutes an affirmation I am aware that any fals	ction 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. se information submitted in a document to the Department of State
	ee felony as provided for in s.817.155, F.S.)
	Typed or printed name of signee
E	
Filing Fees:	Typed or printed name of signee  Typed or printed name of signee
Filing Fees: \$125.00 Filing Fee for Articles	Typed or printed name of signee  AHARY  SSEE  TYPE  TY
Filling Fees:	Typed or printed name of signee  Of Organization and Designation