# L13000133189

,
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400251831594

09/19/13--01005--015 \*\*130.00

2013 SEP 19 AMII: 07
SECORETYS V &F STRVE

SEP 2 0 2013 T. HAMPTON

#### **COVER LETTER**

TO: **Registration Section** 

**Division of Corporations** 

Stranahan Class of 64, 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:

# Cynthia M. Rodriguez

Name of Person

Stranahan Class of 64, LLC

Firm/Company

509 Royal Plaza Drive

Address

Fort Lauderdale, Florida 33301

City/State and Zip Code

crodriguez909@hotmail.com

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

For further information concerning this matter, please call:

### Cynthia Rodriguez

954 , 467-0611

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 - Name: The name of the Limited Liability Company	is:		
Stranahan Class of 64, LLC			
	iability Company, "L.L.C.," or "LLC.")	<del></del>	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited	Liability Co	ompany is
Principal Office Address:	Mailing Address:		
509 Royal Plaza Drive	509 Royal Plaza Drive		
Fort Lauderdale, Florida 33301	Fort Lauderdale, Florida 33301		
ARTICLE III - Registered Agent, Register	red Office, & Registered Agen	ıt's Signatu	ıre:
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	egistered Agent. You must designate an in	dividual or anot	her
The name and the Florida street address of th	ne registered agent are:		
Cynthia M. Rodriguez			
Na	me		
509 Royal Plaza Drive			
Florida street	address (P.O. Box NOT acceptable)		
Fort Lauderdale	FL 33301		
City,	State, and Zip		
Having been named as registered agent and liability company at the place designated to registered agent and agree to act in this cap all statutes relating to the proper and compand accept the obligations of my position as	in this certificate, I hereby accep pacity. I further agree to comply plete performance of my duties, a	t the appoin with the pro and I am fam	itment as ovisions oj piliar with
Crn-thuce N Registered Agent's Sig	mature (REQUIRED)	AHA AHAHA	
(CONT	INUED)		
Page 1	of2		

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 Member	
MGR	Cynthia M. Rodriguez
and the state of t	509 Royal Plaza Drive
	Fort Lauderdale, Florida 33301
	Olanda Linea
MGR	Glenda Liese 1340 Macedonia Road
	Saluda, North Carolina 28773
EV: Effective date, if other than the fective date is listed, the date must	date of filing: (OPTI be specific and cannot be more than five but
(Use attachment if necessary)  LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:	date of filing: (OPTI be specific and cannot be more than five bu
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:	date of filing:
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  (In accordance with section 608. constitutes an affirmation under 1 am aware that any false information.)	be specific and cannot be more than five bu
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  (In accordance with section 608. constitutes an affirmation under 1 am aware that any false information.)	r or an authorized representative of a member.  408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true ation submitted in a document to the Department of States.
TEV: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of	r or an authorized representative of a member.  408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true ation submitted in a document to the Department of States.
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  (In accordance with section 608. constitutes an affirmation under I am aware that any false informacionstitutes a third degree felony  Cynthia M. Rodriguez  Typ	r or an authorized representative of a member.  408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are trulation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member  (In accordance with section 608. constitutes an affirmation under I am aware that any false informacionstitutes a third degree felony  Cynthia M. Rodriguez  Typ	r or an authorized representative of a member.  408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are trustation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member  (In accordance with section 608. constitutes an affirmation under I am aware that any false information stitutes a third degree felony  Cynthia M. Rodriguez  Typ  Filing Fees:  \$125.00 Filing Fee for Articles of Organ	r or an authorized representative of a member.  408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are trustation submitted in a document to the Department of State as provided for in s.817.155, F.S.)  ped or printed name of signee
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member  (In accordance with section 608. constitutes an affirmation under I am aware that any false inform constitutes a third degree felony  Cynthia M. Rodriguez  Typ  Filing Fees:  \$125.00 Filing Fee for Articles of Organ of Registered Agent	r or an authorized representative of a member.  408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are trustation submitted in a document to the Department of State as provided for in s.817.155, F.S.)  ped or printed name of signee
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member  (In accordance with section 608. constitutes an affirmation under I am aware that any false information stitutes a third degree felony  Cynthia M. Rodriguez  Typ  Filing Fees:  \$125.00 Filing Fee for Articles of Organ	r or an authorized representative of a member.  408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are trustation submitted in a document to the Department of State as provided for in s.817.155, F.S.)  ped or printed name of signee