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COVER LETTER

TO: **Registration Section Division of Corporations** ARTCO Enterprises, 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: Gia Songur, Esq. Songur & Associates, P.A. Firm/Company 8615 Commodity Circle Suite 7 Address Orlando, FL 32819 City/State and Zip Code gsongur@songurlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gia Songur Name of Person Enclosed is a check for the following amount: ■\$125.00 Filing Fee □\$130.00 Filing Fee & **□\$155.00** Filing Fee & □ \$160.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (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

	e Limited Liability Comp	pany is:	
ARTCO Enterprise			·
	(Must end with the words "Lim	rited Liability Company, "L.L.C" or "LLC.")	
ARTICLE II - The mailing ad		of the principal office of the Limited I	Liability Company is:
Principal Offi	ce Address:	Mailing Address:	
2549 Maitland Cro	ssing Way Unit 11-104	2549 Maitland Crossing Way Unit	11-104
Orlando, FL 32810		Orlando, Fl 32810	
The name and	ine Piorida street address	of the registered agent are:	7 69
	Songur & Associates, Pu	Α.	
	Songur & Associates, P.	A. Name	SEP TO
		Name	MI SEP 20
	8615 Commodity Circle S	Name	MI SEP 20 PI
	8615 Commodity Circle S	Name Suite 7	TOSETARY OF STANKSHASSEE FLOOR
	8615 Commodity Circle S Florida	Name Suite 7 street address (P.O. Box <u>NOT</u> acceptable)	MESEP 20 PM 1: 19

(CONTINUED)

Registered Agent's Signature (R) OUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u> </u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRW – Managing Wember	
MGRM	Hilda Colon Perez
	2549 Maitland Crossing Way Unit 11-104
	Olrando, FL 32810
·	<u></u>
Use attachment if necessary)	
•	the date of filing:
LE V: Effective date, if other than t	the date of filing: (OPTIO
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LE V: Effective date, if other than the fective date is listed, the date may be so a feer the date of filing. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation und I am aware that any false info	ber or an authorized representative of a member.

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)

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