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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
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PICK-UP WAIT MAIL
(Business Entity Name)
(2)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO:	Registration S Division of Co			
		O The	ory	
SUBJI	ECT:	Name of Limite	ed Liability Company	
The en	closed Articles o	of Organization and fee(s) are s	ubmitted for filing.	
Please	return all corresp	pondence concerning this matte	er to the following:	
		Suzani	re Bauer	
			Name of Person	
				THE CONTRACT OF THE CONTRACT O
			Firm/Company	
	10421	O Boynton Pl	ace Circle	SEP 23
				23 PM 1
	Boyn	iton Beach cir	FL 33437	RAIZ: 35 BESTAIC E.FLARIBA
	DH.	201201360 a	y/State and Zip Code	IBA 35
	O IN	E-mail address: (to be used for	or future annual report notification)	
For fu	rther information	concerning this matter, please	call:	
		ne Baver	at (954) 531-2 Area Code & Daytime Telep	816
	Name	e of Person	Area Code & Daytime Telep.	mone remoci
Enclo	sed is a check t	for the following amount:		
□ \$12 5	.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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC,")				
(Must end with the words "Limited Liabil"	fy Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
10420 Boynton Place Circle Boynton Beach FC 33437	10420 Boynton Place Circle Boynton Beach, FL 33437			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another			
The name and the Florida street address of the re	egistered agent are:			
Sozanne	Rayer A 5			
Name	Bauer AHASSIE			
10420 Boynto	ress (P.O. Box NOT acceptable)			
Boynton Beach City, State	FL 33437 5 3 3 1 2 3 3 3 1 2 3 3 3 1 2 3 3 3 1 2 3 3 3 3			
liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete	ccept service of process for the above stated limited as is certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a performance of my duties, and I am familiar with a performance as provided for in Chapter 608, F.S			
871				

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Suranne Baver 10420 Boynton Place Circ Boynton Beach FL33424
(Use attachment if necessary)	

REQUIRED SIGNATURE:

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. constitutes a third degree felony as provided for in s.817.155, F.S.) Suranne Bauer
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)

Page 2 of 2