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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	tration S on of Co	section rporations				
SUBJECT:	2 Su	ccess LLC				
SOBJECT			ed Liability Comp	oany		-
The enclosed A	Articles o	f Organization and fee(s) are	submitted for filin	g.		
Please return a	li corresp	ondence concerning this matt	er to the following	g:		
Kar	en L	Roth				
***************************************			Name of Person			
			Firm/Company			
778	No	rth Lake Blvd.				223 223
			Address			<u> </u>
Tar	pon	Springs, Fl. 3	4689		der e ± Σe − co gray de	DEC
		Cit	y/State and Zip Cod	le		ω
club.	lanai	@verizon.net			m 11	3
		E-mail address: (to be used to	or future annual rep	ort notification)	1	## **
For further info	ormation	concerning this matter, please	call:		្នុក់	£-
Karen	L Ro	oth	, 727	243-06	32	
	Name	of Person	Area Cod	le & Daytime Telep	hone Number	_
Enclosed is a	check fo	or the following amount:				
□\$ 125.00 Filii		■\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fili Certified Co (additional co	ору	\$160.00 Filing Certificate of St Certified Copy (additional copy is	atus &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton I 2661 Ex	Courier Address tion Section of Corporations Building secutive Center Cosee, FL 32301	ircle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the	Limited Liability Company	is:			
2 Success LLC					
(Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")		_	
ARTICLE II - A	Address:				
		principal office of the Limited L	_iability (Compa	ny is
Principal Office	Address:	Mailing Address:			
778 North Lake Blvd.		778 North Lake Blvd.			
Tarpon Springs, Fl. 3	4689	Tarpon Springs, Fl. 34689		_	
ARTICLE III -	Registered Agent, Registe		t's Signa	 ture:	
(The Limited Liability		red Office, & Registered Agent			
(The Limited Liability business entity with a	Company cannot serve as its own Re	red Office, & Registered Agent egistered Agent. You must designate an indi		nother	
(The Limited Liability business entity with a	Company cannot serve as its own Ren active Florida registration.) Florida street address of the Karen L Roth	red Office, & Registered Agent egistered Agent. You must designate an indi		nother	C a
(The Limited Liability business entity with a	Company cannot serve as its own Ren active Florida registration.) e Florida street address of the	red Office, & Registered Agent egistered Agent. You must designate an indi		nother 2213 DEC	*******
(The Limited Liability business entity with a	Company cannot serve as its own Ren active Florida registration.) Florida street address of the Karen L Roth	red Office, & Registered Agent egistered Agent. You must designate an indi		2813 DEC 18	Firms
(The Limited Liability business entity with a	Company cannot serve as its own Ren active Florida registration.) E Florida street address of the Karen L Roth Na 778 North Lake Blvd.	red Office, & Registered Agent egistered Agent. You must designate an indi		18 PH 230 BIR 25	
(The Limited Liability business entity with a	Company cannot serve as its own Ren active Florida registration.) E Florida street address of the Karen L Roth Na 778 North Lake Blvd.	red Office, & Registered Agent egistered Agent. You must designate an indicate registered agent are: me address (P.O. Box NOT acceptable)	ividual or ar	2813 DEC 18	Firm.

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REOLURED

(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:

Manager	Karen L Roth	
	778 North Lake Blvd.	_
	Tarpon Springs, Fl. 34689	_
Managing Member	Daniel E. Roth	
	778 North Lake Blvd.	_
	Tarpon Springs, Fl. 34689	_
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(Use attachment if necessary)	The state of the s	+ + -
LE V: Effective date, if other the	han the date of filing: 12-16-2013 (OPTI e must be specific and cannot be more than five builing.)	
REQUIRED SIGNATURE:		

Karen L. Roth

I am aware that any false information submitted in a document to the Department of State

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

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)