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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(D0	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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2014 JAN 23 PN 4: 02 SECRETARE STATE COVER LETTER

TO:	Registration Sec	tion

Division of Corporations

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:

Kicharo BriER Name of Person

For further information concerning this matter, please call:

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 1 - Name: The name of the Limited Liability Company is:	
To Jo R. INVESTMENT PARTY (Must end with the words "Limited Liability Company)	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited	Liability Company is:
Principal Office Address: Mailing Address:	
298 Carquelle Dr Jufiter FL Same	·
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent, another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	
RICHARD BRIER Name	
298 Calaulle Dr.	1888
Florida street address (P.O. Box <u>NOT</u> acceptable)	
JUPITER FL 3	3459 SEE 02
City Zi	83459 SE 92
Having been named as registered agent and to accept service of process for the place designated in this certificate, I hereby accept the appointment a capacity. I further agree to comply with the provisions of all statutes relations of my duties, and I am familiar with and accept the obligations of my positions of the control of the c	the above stated limited liability company at s registered agent and agree to act in this ng to the proper and complete performance tion as registered agent as provided for in

(CONTINUED)

Page 1 of 2

The name and address of each person	authorized to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	To all M.
	Joseph Alessio 251 Sepond DRIVE
	Palm Beach GARDENS F
MCO	RICHARD BRIER 33418
MGR	7 a 8 CURAVEILE DEIVE
	JUDITER FLA 33058
MGR	V. (C. 1 - 1 - 55)
- •	
MGR	
MIGR	KREIND WNICHTO ADDIT (1)
	133 SUGAL NATE WAY
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be the date of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	10
RECEIVED SIGNATORIL	
Signal Van	member or an authorized representative of a member.
(In accordance with section	on 605,0203 (1) (b), Florida Statutes, the execution of this document
	n under the penalties of perjury that the facts stated herein are true. e information submitted in a document to the Department of State
	e felony as provided for in s.817.155, F.S.)
Kicha	RO BRIEL Typed or printed name of signee
	Filing Fees:
	Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Opti	
5.00 Certificate of Status (Opt.	02 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2