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COVER LETTER

	sistration Section ision of Corporations	; ·
SUBJECT:	No Limits K9	uc
		d Liability Company
The enclosed	Articles of Organization and fee(s) are s	ubmitted for filing.
Please return	all correspondence concerning this matte	r to the following:
	OSCAR ADR	IAN PARAY
_	,	Name of Person .
	No cimits kg	UC
_	520 RED BIRD	PLACÉ
		Address
	GENEVA, FL	3273 4
	SZO RED BIRD GENEVA, R godzillo 77°	State and Zip Code MSA. UM
_	E-mail address: (to b	e used for future annual report notification)
For further in	nformation concerning this matter, please	call:
Moniqu	ve falan an l	107) 453 - 8001 a Code Daytime Telephone Number
·	Name of Person Are	a Code Daytime Telephone Number
Enclosed is a	check for the following amount:	
\$125.00 Filir	ng Fee \$\int \\$130.00 \text{Filing Fee & Certificate of Status}	\$155.00 Filing Fee & Sertificate Opy additional copy is enclosed) \$160.00 Filing Fee. Certificate of Status & Certificate 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 me:

`. **:**.

ARTICLE I - Name:

The name of the Limited Liability Company is:

No Limits K9	LLC		. •
(Must end with the words "Li	mited Liability Com	pany, "L.L.C.," o	r "LEC.")
ARTICLE II - Address: The mailing address and street address of the princ	ipal office of the Lim	nited Liability Co	mpany is:
Principal Office Address:	Mailing Address:		
520 RED BIRD PLACE GENEVA, FL 3273:2	520 R	ED BIRD A, R 32	PLACE
GENEVA, FL 32732	CENEY	A, Fr 32	732
(The Limited Liability Company cannot serve as it another business entity with an active Florida regis The name and the Florida street address of the regi	stration.)	ent. You must de	signate an individual or
		ALAU	
OSCAR F SZO RED T	Name BIRD PLA	icE	· :
Florida street address (P.C	D. Box <u>NOT</u> accepta	ble)	
GENEVA City	FL	32732	-
City		Zip	<i>;</i>
O like	accept the appointme isions of all statutes re the obligations of my Chapter 605, F.S.	ent as registered a clating to the prop position as regist	igent and agree to act in this per and complete performance
(CON	TINUED)		

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBL	MONIQUE M. PALAM
	520 RED DIND RALE TENEVAL & 32732
	DUNEVAL TO SO 15 E
-	<u> </u>
	
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EV: Effective date, if other than the date	e of filing: (OPTIONAL)
EV: Effective date, if other than the datective date is listed, the date must be sp	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)	e of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
Use attachment if necessary) EV: Effective date, if other than the date ctive date is listed, the date must be sp filing.) EVI: Other provisions, if any.	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
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EV: Effective date, if other than the date crive date is listed, the date must be sp f filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date crive date is listed, the date must be sp f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m	ember or an authorized representative of a member.
E V: Effective date, if other than the date crive date is listed, the date must be sp f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation of section se	ember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date ctive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation of 1 am aware that any false in	ember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document

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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