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2014 FEB -3 AMII: 42
SECRETARY OF STATE
TALL ANASSES FI ORIDA

FEB = 4 2013 T. MAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SRC Code, 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:
Yonatan Ran
Name of Person
SRC Code LLC
Firm/Company
626 N. Palmetto CT.
Address
Deland FL 32720
City/State and Zip Code yonatan.ran@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David Abeles Name of Person at (386) Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times 130.00 Filing Fee \& Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Malling Address Street/Courter Address

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassec, 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 I - Name: The name of the Limited Liability Compa	any is:		
SRC Code LLC			
(Must end with the	words "Limited Lia	bility Company, "L.L.C.," or	· "LLC.")
ARTICLE II - Address:			
The mailing address and street address of	f the principal office	e of the Limited Liability Cor	mpany is:
Principal Office Address:	Mailing /	\ddress:	
626 N. Palmetto CT.	(326 N. Palmetto CT.	
Deland FL. 32720		Deland FL. 32720	
ARTICLE III - Registered Agent, Registered Liability Company cannot sanother business entity with an active Florida street address of the name and the Florida street address of the same and	serve as its own Reg orida registration.)	gistered Agent. You must des	
Yonatan Ran			
	Name		
626 N. Palmetto CT	Г.		
Florida street ad	dress (P.O. Box <u>NO</u>	<u>OT</u> acceptable)	
Deland		FL 32720	
	City	Zip	
Having been named as registered agent of the place designated in this certificate capacity. I further agree to comply with of my duties, and I am familiar with an	, I hereby accept the h the provisions of a	appointment as registered as Il statutes relating to the propi tions of my position as registe	gent and agree to act in this er and complete performance
Registered	i Agent's Signature	(REQUIRED)	
	(CONTINUED) Page 1 of 2		2014 FE SECAL TALLA

FILED
2014 FEB -3 AH 11: 42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<u> [itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR_	Yonatan Ran
	626 N. Palmetto CT.
	Deland FL. 32720
Use attachment if necessary)	
CV: Effective date, if other than the	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the ctive date is listed, the date must b	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the ctive date is listed, the date must b filling.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 9
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\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

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