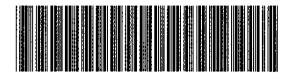
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	:
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Office Use Only



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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations		
SUBJECT: 40 IDEAS LLC		TA16
	imited Liability Company	至道 量
The enclosed Articles of Organization and fee(s)	are submitted for filing.	97 8
Please return all correspondence concerning this i	matter to the following:	
Eric Forti		این
	Name of Person	
	Firm/Company	
4111 Ardisia Path	h	
	Address	
Boynton Beach, I	FL 33436	
	City/State and Zip Code	
eforti@gmail.com	(to be used for future annual report notification)	
For further information concerning this matter, ple		
•		
Eric Forti	561 7795539	
Name of Person	Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified Co	of Status &
Mailing Address Registration Section Division of Corporations	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

40 IDEAS LLC			
	he words "Emitted Liability C	Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address:			
The mailing address and street address	of the principal office of the	Limited Liability Cor	npany is:
Principal Office Address:	Mailing Address	<u>s:</u>	
4111 Ardisla Path	4111 Ardis	sia Path	
Boynton Beach, FL 33436	Boynton B	Beach, FL 33436	
(The Limited Liability Company cannot another business entity with an active The name and the Florida street address	Florida registration.)	Agent. You must des	ignate an individual or
Eric Forti			
	Name		
4111 Ardisia Path			
Florida street	address (P.O. Box NOT acco	eptable)	
Boynton Be	eacn FL 3	3436	
	City	Zip	
Having been named as registered ager the place designated in this certific canacity. I further carres to comply w	ate, I hereby accept the appoin with the provisions of all statua and accept the obligations of	ntment as registered ages es relating to the prop Iny position as registe	gent and agree to act in this er and complete performance
of my duties, and 1 am familiar with	Chapter 605, F.S	JIRED)	
of my duties, and I am familiar with	mfumf	ЛКЕЮ)	

. 1985년 - 198 - 1985년 - 1985	Title:		<u>N</u>	ame and Address:			
(Use attachment if necessary) E. V. Effective date, if other than the date of filing: OPTIONAL) Every date is listed, the date must be specific and cannot be more than five business days prior to or 9 of filing.) E. VI. Other provisions, if any. REQUIRED SIGNATURE: Signature of a member an authorized representative of a member. (In accordance with section 605.0203 (1) b). Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any lake information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Enc Fori Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S. 30.00 Certifical Copy (Optional) S. 5.00 Certificate of Status (Optional)							
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