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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies		
Special Instructions to	Filing Officer:	
:		

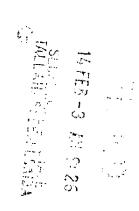
Office Use Only

LLC filed in error w/same name as existing entity. Record updated 03/18/14; mmilligan



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ATTORNEYS CORPORATION SERVICE, INC. 5668 EAST 61ST STREET COMMERCE, CA 90040

TEL: (800) 462-5487 ext.117 FAX: (800) 388-0330 EMAIL: Maria@attorneyscorpservice.com

DOCUMENT FILING REQUEST LETTER

REGULAR FILING SERVICE

DATE:

Wednesday, January 29, 2014

FROM:

MARIA SANFORD

Client Matter: # 9001715 / 4560533

TO:

DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

CLIFTON BUILDING

2661 EXECUTIVE CENTER CIRCLE

TALLAHASSEE, FL 32301

ATTN:

DOCUMENT FILING DIVISION

RE:

NORWOODS-LLC

NORWOODS INVESTMENTS LLC

Enclosed is one of the following:

(X) Articles of Organization

Return request with filing:

(2) Certified Copy

(1) Certificate of Status

Return request via following:

(X) Priority Mail/Email

Total Page(s) attached including transmittal page: (4)

Fax/Email a copy of the filed documents upon acceptance of filing

PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO: ATTORNEYS CORPORATION SERVICE, INC. 5668 EAST 61ST STREET, COMMERCE, CA 90040

PLEASE CONFIRM UPON RECEIVED DOCUMENTS

NOTE(S):

CHECK # 723562 \$160.00 (Filing fee, Certificate of Status and Certified Copy)

CHECK # 723553 \$ 30.00 (Additional Certified Copy)

COVER LETTER

TO:

Registration Section

Division of Corporations SUBJECT: NORWOODS INVESTMENTS 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: Maria Sanford (Name of Person) Attorneys Corporation Service (Firm/Company) 5668 E. 61st Street (Address) Commerce, ca 90040 (City/State and Zip Code) For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) maria sanford (Name of Person) Enclosed is a check for the following amount: ☐ \$155.00 Filing Fee & \$160.00 Filing Fee, **\$125.00** Filing Fee \$130.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address** Street/Courier Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: NORWOODS INVESTME	•	
	s "Limited Liability Company, "L.L.C.," o	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p		
Principal Office Address:	Mailing Address:	
1015 EAST SUNRISE BOULEVARD UNIT 501	1015 EAST SUNRISE BOULEV	
FORT LAUDERDALE, FL 33301	FORT LAUDERDALE, FL 3330	<u></u>
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the	as its own Registered Agent. You must de registration.)	re: signate an individual or
JUAN NORIEGA		1. Sec
	Name	
1015 EAST SUNRISE BO	DULEVARD UNIT 501	# 1
Florida street address	(P.O. Box NOT acceptable)	57 b
FORT LAUDERD		n Mary
City	Zip	$\frac{1}{2^{n+1}}$ \mathcal{Q}
	reby accept the appointment as registered to provisions of all statutes relating to the pro	agent and agree to act in this per and complete performance

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	JUAN NORIEGA
	1015 EAST SUNRISE BOULEVARD UNIT 501
	FORT LAUDERDALE, FL 33301
AMBR	CASSIDY WOODS
	2410 HARBOR BOULEVARD, APT. 202
	COSTA MESA, CA 92626
	19.
fective 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 de
LE V: Effective date, if other than the date	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days.
LE V: Effective date, if other than the date fective date is listed, the date must be spot filling.) LE VI: Other provisions, if any.	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days.
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