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COVER LETTER

	tration Section ion of Corporations				
SUBJECT: 1	EVERAGE2 Branding & Digital I Name of Lin	Marketing Solutions nited Liability Company			
The enclosed A	Articles of Organization and fec(s) ar	re submitted for filing.			
Please return a	Il correspondence concerning this m	atter to the following:			
<u>_St</u>	eve Salev	Name of Person		-	
		Nume of Ferson			
<u>LE</u>	EVERAGE2 Branding & Marketing	g Solutions Firm/Company		-	
<u>42</u>	26 Northwest 44 Terrace Suite 20	02		_	
		Address	15 150 - 100	2014	
<u>D</u> e	eerfield Beach, FL 33442	····		833	1
		Sity/State and Zip Code	55 55 57 57 57	12	
steve.sal	ey@gmail.com E-mail address: (to be used	d for future annual report notifica	ation)	70	ģ.
For further info	ormation concerning this matter, plea	ase call:	ution)	2: 37	
Steve Saley	Name of Person	954-494-24) 954-224-2276 Arca Code Daytime Te	lephone Number		
		·	•		
Enclosed is a c	check for the following amount:				
□ \$125.00 Filing	g Fee \$\Bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}\$	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclo		
	Mailing Address Paristration Scatter	Street/Courier Add	ress		
	Registration Section Division of Corporations	Registration Section Division of Corporate	tions		
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Cen	ter Circle		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
LEVERAGE2 Branding & Digital Marketing Solutions (Must end with the words "Limited L	s LLC. Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
426 Northwest 44 Terrace. Suite 202 Deerfield Beach, FL 33442	426 Northwest 44 Terrace Suite 202 Deerfield Beach, FL 33442
ARTICLE III - Registered Agent, Registered Office, & The Limited Liability Company cannot serve as its own Remother business entity with an active Florida registration.	tegistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
Heidi Moss Name	
426 Northwest 44 Terrace Sui	
Florida street address (P.O. Box]	NOT acceptable)
Deerfield Beach City	FL 33442 Zip
Having been named as registered agent and to accept serv the place designated in this certificate. I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in the foliation of the proper and complete performance gations of my position as registered agent as provided for in the foliation of the proper and complete performance gations of my position as registered agent as provided for in the foliation of the proper and complete performance gations of the performance gations
Registered Agent's Signatu	Mads)
(CONTINUE	(D)
Page 1 of 2	

<u>Fitle:</u> "AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
CEO/Chief Creative (Steve Saley
	426 Northwest 44 Terrace Suite 202
	Deerfield Beach, FL 33442
COO/ Managing Part	Heidi Moss
	426 Northwest 44 Terrace Suite 202
	Deerfield Beach, FL 33442
Use attachment if necessary)	
	(OPTIONAL)
EV : Effective date, if other than the d	ate of filing: (OPTIONAL)
EV: Effective date, if other than the detive date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the d ctive date is listed, the date must be f filing.)	ate 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 dective date is listed, the date must be filling.) EVI: Other provisions, if any.	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
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EV: Effective date, if other than the detive date is listed, the date must be filling.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the detive date is listed, the date must be filling.) E VI: Other provisions, if any.	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the detive date is listed, the date must be filling.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the detive date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the detive date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	member or an authorized representative of a member.
E V: Effective date, if other than the detive date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation under the section of the section	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.
EV: Effective date, if other than the detive date is listed, the date must be filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation up I am aware that any false in	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document noder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State
V: Effective date, if other than the detive date is listed, the date must be filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation will am aware that any false in constitutes a third degree fe	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.

ARTICLE IV-

Page 2 of 2

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)