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PICK-UP	☐ WAIT	MAIL
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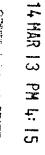


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S-11-2014







COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: 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:
Russell E. Jures Sa. Name of Person
Russell Sykes S. LIC Firm/Company
215 South Monroe St. Site 340
Tull chasses A 32361 City/State and Zip Code F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Resell States at (450) 524-46/1 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company,	"L.L.C.," or "LLC.")
(Must end with the words "Limited Liability Company, ARTICLE II - Address: The mailing address and street address of the principal office of the Limited I Principal Office Address: Mailing Address: Mailing Address: P.O.Box Scito 340 ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. Y another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: P.O.Box Name 102 New AND Tive Florida street address (P.O. Box NOT acceptable)	Liability Company is: 354 Village, +1. t's Signature:
Having been named as registered agent and to accept service of process for the place designated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all statutes relating of my duties, and I am familiar with and accept the obligations of my positions.	he above stated limited liability company at registered agent and agree to act in this g to the proper and complete performance

Registered Agent's Signature (REQUIRED)

Chapter 605, F.S.

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGA" = Manager	Kussell Sukes
^	102 Newman Drive
AMBR	LOHAR Village, +7 32323
•	Toblet T. Subas
_	102 Newmond Drive
	LaHark Village, 47 32323
	• /
(Use attachment if necessary)	
CLE V: Effective date, if other than the dateffective date is listed, the date must be	
CLE V: Effective date, if other than the date effective date is listed, the date must be te of filing.)	
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