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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(2)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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MAD 1 / 2011		
MAR 1 4 2014		
A. LUNT		

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SEGRETARY OF STATE

COVER LETTER

TO: Registration Division of 6	i Section Corporations		
SUBJECT:	indsey Mei	redith, LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles	of Organization and fee(s) ar	re submitted for filing.	
Piease return all corre	spondence concerning this ma	atter to the following:	
	lindsee	1 Neal	<u> </u>
		Name of Person	11.0
	Lindoe	x Meredith	LC PART T
		Firm/Company	
	1300 Del	ancel Ave	, SSI 6 C
		Address	F. 3
	Orlando,	FZ 32800	TORRES
lindee	4MRalah	ity/State and Zip Code CO d for future annual report notifications	ation)
For further information	on concerning this matter, plea	ase call:	
Lindsyl	Had at (RCH 22-712 Area Code Daytime Te	lephone Number
Enclosed is a check for	or the following amount:		
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Ma</u>	iling Address	Street/Courier Add	ress

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:	
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1300 Delaney Ave	1300 Delaney Ave.
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are: AHASSE
Florida street address (P.O. Bok I	AVC, NOT acceptable) 308000
City	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

*	ARTICLE IV- The name and address of each person aut	ARTICLE IV- The name and address of each person authorized to manage and control the Limited Liability Company:		
	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
	MGR	Lindsey Neal 1300 Dela nev Ave. Orlando, FZ 30800		
		THE RESERVE TO THE RE		
(If an e	(Use attachment if necessary) LE V: Effective date, if other than the date ffective date is listed, the date must be speed of filing.)	of filing: 3/5/14 (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after		
ARTIC	LE VI: Other provisions, if any.			
	REQUIRED SIGNATURE:	Neal		
	(In accordance with section 60: constitutes an affirmation under I am aware that any false inforr	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of pen		
		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)