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2014 HAR 24 AMII: 22 SECRETARY OF STATE

MAR 2 7 2013 T. HAMPTON

COVER LETTER

	egistration Section ívision of Corporations
SUBJECT	Form Holdings, LLC Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Christine D. Sanchez Name of Person
	Form Holdings, LLC Firm/Company
	4779 Collins Ave # 2304
	Miami Beach FL 33140 City/State and Zip Code Chrissydsanchez @ anail. Com E-mail address: (to be used for future annual report notification)
	City/State and Zip Code
(E-mail address: (to be used for future annual report notification)
	information concerning this matter, please call:
Chr	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
ズ \$ 125.00 Fi	ling Fee

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLE I - Name:
The name of the Limited Liability Company is:

Form Holdings, LLG (Must end with the words "Limited L	2
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2261 South Sharman Circle Mironar FL 33025 Attn: Management Office	4779 Collins Are # 2304 Uni ami Bearf Fr 33140
ARTICLE III - Registered Agent, Registered Office, & The Limited Liability Company cannot serve as its own Remother 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:
Christine D. Name	Sauchez
Florida street address (P.O. Box M	IOT acceptable)
Miani Beath City	FL 33140 Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S
Registered Agent's Signatur	re (REQUIRED)
(CONTINUE	D) IAS 20
Page 1 of 2	TILEI HAR 24 AF ECRETASSEE.

Title:	Name and Address:
"AMBR" = Authorized Member	tame and Address.
"MGR" = Manager	
MER	Christine D. Sancher
	4779 Colling Ave # 2304
	Migni Beach, +1 33140'
	
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(Use attachment if necessary)	
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