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	(Re	questor's Name)	
	(Ad	dress)	
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	(Cit	y/State/Zip/Phon	e #)
	PICK-UP	☐ WAIT	MAIL
	(Bu	siness Entity Nar	ne)
	(Do	cument Number)	
Certified Co	ppies	_ Certificates	s of Status
Special In	structions to l	Filing Officer:	
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Office Use Only



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J. SERVERS APR 0 1 2014

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE		LESTATE FI	RM, Loh.C.
The end	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please r	eturn all correspondence concerning this m	natter to the following:	
	Renedria	a Weite	n
	—	Name of Person	
		Firm/Company ~.	
	13214 B	unn Cik	Cle #8
	Tampa, F	-L 3361,	2
_	Kenedriado	City/State and Zip Code O NOTMOU After future annual report notifica	L.COM
For furt	her information concerning this matter, ple	ase call:	
Zei	nedria Welton	813,574-9	935
	Name of Person	Area Code Daytime Tel	ephone Number
Enflose	d is a check for the following amount:		
\$125.00	O Filing Fee Status Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314	Street/Courier Addr Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

C Firm, L.L.C.

ARTICLE 1 - Name: The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: 13214 Bunn Cir #8 13214 Bunn Cir #8 Tampa, FL 33612 Tampa, FL 33612
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: Renedria Welton 13214 Bunn CiR # 8 Florida street address (P.O. Box NOT acceptable) 13mpa FL 33612 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. If uther 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 (REQUINED)
(CONTINUED)

Page 1 of 2

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