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Office Use Only



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CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

908 61st LLC					
			 		•
				Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Fictitious Name Corp Record Search Officer Search	
				Fictitious Search	
Signature				Fictitious Owner Search	
2.8				Vehicle Search	
				Driving Record	
Requested by: SETH	04/07/14			UCC 1 or 3 File	
Name	Date	Time		UCC 11 Search	
THEFT				UCC 11 Retrieval	
Walk-In	Will Pick Up			Courier	

COVER LETTER

	ion Section of Corporations		
SUBJECT: 908	61st LLC	imited Liability Company	
	Hame of L	amited Diability Company	
The enclosed Artic	oles of Organization and fee(s)	are submitted for filing.	
Please return all co	orrespondence concerning this	matter to the following:	
Micha	iel J. Belle. Esg.		20]
•		Name of Person	
Miche	nel J. Belle, P. A.		
		Firm/Company	
2384	Fruityille Road		
2001	· · ·	Address	22
Saras	ota, FL 34237		
		City/State and Zip Code	
allisa4000@	yahoo.com R-mail address: (to be u	sed for future annual report notifice	ation)
m A. d L.A	·		
For further inform	ation concerning this matter, p	icase call:	
Michael J. Belle	Fea at	(941 _) 955-9212	
	Name of Person		lephone Number
Enclosed is a chec	k for the following amount:		
☐ \$125.00 Filing Fe	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 enclosed)
	Mailing Address	Street/Courier Add	
	Registration Section Division of Corporations	Registration Section Division of Corpora	

P.O. Box 6327
Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTECLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
mo nano de uio Diumoo Diaontsy Company is.	•
908 61st. LLC	Liability Company, "L.L.C.," or "LLC.")
•	and the company, and the same y
ARTICLE II - Address: The mailing address and street address of the principal off	lice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5028 Vasser Lane	5028 Vesser Lane
Barasota, Florida 34243	Surasote, Fiorida 34243
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own E another business entity with an active Florida registration.) The name and the Florida street address of the registered at the company cannot be registered at the company	Registered Agent's Signatures Registered Agent. You must designate an individual or
Alla Walaman	
Name	
5028 Vassar Lane Florida street address (P.O. Box	NOT acceptable)
Sarasota	FL 34243
City	Zip
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 obli-	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this if all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in er 605, F.S

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
	Allo Walaman 5028 Vassar Lane
"MOR" = Manager	- Table
MGR	Alla Walaman
	5028 Vassar Lane
•	SHIRBOH, FL 3924S
A APPLITA	Managha Malia
MGR	Margarita Relia 5028 Vesser Lane
	Saresote, FL 84243
	Online of the Control
•	
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sctive date is listed, the date must be spec of Ming.)	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 do
R.VII Ulbar brovisions, it anv.	
EVI: Other provisions, if any.	
R-VII Other provisions, trany.	
REQUIRED SIGNATURE:	•
	•
required signature:	that are an authorized venuarentative of a momber.
REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	abey or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. astion submitted in a document to the Department of State as provided for in p.817.155, F.S.)

Filing Fess:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)