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PICK-UP	WAIT	MAIL
(Busine	ess Entity Nan	ne)
(Docur	nent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filin	ng Officer:	
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B. BOSTICK
APR **2 4** 2014
EXAMINER

## COVER LETTER

TO: Registratio Division of	n Section Corporations			
SUBJECT:	438 ST	ARMANDS	CINCLE	116
	Name of	Limited Liability Compa	iny	
The enclosed Article	s of Organization and fee(	s) are submitted for filing		
Please return all corre	espondence concerning thi	s matter to the following:	:	
	Michae	/ Bowder Name of Person	7	
		Name of Person		
	VAI MERIN	HUNKER C	odman	
	601 Forum	Place # 2	00	
	lest Palm	Beach, Flo	orida 3	3401
	M bowder E-mail address: (to be	City/State and Zip Cod	e / / / / / / / / / / / / / / / / / / /	
	E-mail address: (to be	used for future annual rep	port notification)	
For further information	on concerning this matter,	please call:		
Mathieu	Rosinsky a	1 <u>56/ 3</u>	10-9259	· 
Na	me of Person	Area Code I	Daytime Telephone	Number
Enclosed is a check f	or the following amount:		•	: 1
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status		Cer enclosed) Cer	0.00 Filing Fee, rtificate of Status & tified Copy ional copy is enclosed)
Reg Div P.C	illing Address gistration Section vision of Corporations D. Box 6327	Registrati Division Clifton B		
Tal	lahassee, FL 32314		cutive Center Circle ee, FL 32301	e

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited I	Liability Company is:			
The hame of the Billing	submy company is:			
438	ST. ARMH W.	05 CIR	LLE LL	
(Mus	st end with the words "Limite	ed Liability Co	ompany, "L.L.C.," o	r "LLC.")
ARTICLE II - Address:				
The mailing address and s	treet address of the principal	office of the I	Limited Liability Co	mpany is:
Principal Office Address	<u>:</u>	<u>Mailing</u>	Address:	
<u> </u>	Ř –	NA 1	Merin H Of Forum WPA, FL	bunker Codmar 19/#200 3340/
(The Limited Liability Co.	ed Agent, Registered Office mpany cannot serve as its ow ith an active Florida registrat	n Registered		
The name and the Florida	street address of the register	ed agent are:		
	Mathieu Nan 7 Lagomai Plorida street address (P.O. B	Rosi	insky	
_	Nan	ne	7	
	7 Lagomai	r Kd.		
F	lorida street address (P.O. B	ox NOT accep	otable)	
	Palm Beach City	FL	33480	
	City		Zip	
the place designated in capacity. I further agree	n this certificate, I hereby acco e to comply with the provision familiar with and accept the c	ept the appoint as of all statute	ment as registered a s relating to the prop ny position as registe	er and complete performance
	Registered Agent's Sign	+		
-	Registered Agent's Sign	nature (REQU	IRED)	
	(CONTIN			. C.a
	Page 1 o	11.4		1

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