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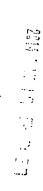
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B. BOSTICK
MAY 2 7 2014

EXAMINER

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FJORD ENTERPRISES LLC Name of Lin	nited Liability Company
Name of Lin	med Elability Company
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
SVERRE ROSVIK	
SVERNE NOSVIK	Name of Person
FJORD ENTERPRISES LLC	
	Firm/Company
3063 STANFIELD AVE	Address
	Address
ODLANDO EL 20044	
ORLANDO, FL 32814	ity/State and Zip Code
SverreRosvik@yahoo.com E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, plea	ese call:
, or target into the control of the	
SVERRE ROSVIK at (4	107 ) 228-0500
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
✓ \$125.00 Filing Fee   Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section	Street/Courier Address Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FJORD ENTERPRISES	S LLC		
(Mu	st end with the words "Lim	ited Liability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address:			
The mailing address and s	street address of the princip	al office of the Limited Liability Con	npany is:
Principal Office Address	<u>s:</u>	Mailing Address:	
3063 STANFIELD AVE		3063 STANFIELD AVE	
ORLANDO, FL 32814		ODLANDO EL 2001A	
	red Agent, Registered Offi	ce, & Registered Agent's Signature	
(The Limited Liability Co	red Agent, Registered Offi	ce, & Registered Agent's Signature	
(The Limited Liability Co another business entity w	red Agent, Registered Offi impany cannot serve as its of ith an active Florida registr	ce, & Registered Agent's Signature own Registered Agent. You must designation.)	
(The Limited Liability Co another business entity w	red Agent, Registered Offi	ce, & Registered Agent's Signature own Registered Agent. You must designation.)	
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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

MGR" = Manager MBR  SVERRE ROSVIK 3063 STANFIELD AVE ORLANDO FL 32814  MBR  HOLLY ROSVIK 3063 STANFIELD AVE ORLANDO FL 32814  ORLANDO FL 32814  Use attachment if necessary)  V: Effective date, if other than the date of filing:	<u>`itle:</u>	Name and Address:
MBR  SVERRE ROSVIK 3063 STANFIELD AVE ORLANDO FL 32814  MBR  HOLLY ROSVIK 3063 STANFIELD AVE ORLANDO FL 32814  MBR  HOLLY ROSVIK 3063 STANFIELD AVE ORLANDO FL 32814  COPTIONAL  Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document to constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)  SVERRE ROSVIK Typed or printed name of signee  Filing Fees:	AMBR" = Authorized Member	
SVERRE ROSVIK 3063 STANFIELD AVE ORLANDO FL 32814  MBR  HOLLY ROSVIK 3063 STANFIELD AVE ORLANDO FL 32814  ORLANDO FL 32814  V: Effective date, if other than the date of filing: (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)  SVERRE ROSVIK Typed or printed name of signee  Filing Fees:	MGR <sup>H</sup> = Manager	
3063 STANFIELD AVE ORLANDO FL 32814  MBR  HOLLY ROSVIK 3063 STANFIELD AVE ORLANDO FL 32814  V: Effective date, if other than the date of filing: (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)  SVERRE ROSVIK Typed or printed name of signee  Filing Fees:		SVERRE ROSVIK
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