1.14000092772

(Requestor's Name)
(Address)	
(Address)	
(tauloss)	
(0) (0) (7) (0)	
. (City/State/Zip/Phor	ne #)
PICK-UP WAIT	MAIL
(Business Entity Na	ame)
•	·
(Document Numbe	A)
(Document Number	7)
Certified Copies Certificate	es of Status
Special Instructions to Filing Officer:	
Special mediations to 1 mily emesi.	

Office Use Only



400260732274

06/05/14--01008--019 **125.00

TALLAHASSEE FLORIDA

E Busch WH 1 0 2014

COVER LETTER

	ration Section n of Corporations		
SUBJECT: Re	egistation for a LLC Name of Lim	nited Liability Company	
	ticles of Organization and fee(s) are correspondence concerning this ma	_	
<u>Ver</u>	onica Stroud-McCottrie	Name of Person	
Stro	ud-McCottrie, LLC	Firm/Company	
<u>318</u>	0 W 51 Avenue	Address	
<u>Dav</u>	ie, Florida 33314 Ci	ity/State and Zip Code	
	@yahoo.com E-mail address: (to be used	I for future annual report notifica	ition)
Veronica Strou	d-McCottrie at (3 Name of Person	05) <u>360-1919</u> Area Code Daytime Tel	ephone Number
Enclosed is a ch	eck for the following amount:		
☑ \$125.00 Filing I	Fee □\$130.00 Filing Fee & 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	Street/Courier Adds	enec .

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

The name of the Limited Liability Company is:				
Stroud-McCottrie, LLC (Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.	<u>")</u>		
ARTICLE II - Address: The mailing address and street address of the principal				
Principal Office Address:	Mailing Address:			
3180 SW 51 Ave, Davie, FL 33314	3180 SW 51 Ave, Davie, FL 3331	14		
	·			
ARTICLE III - Registered Agent, Registered Offic (The Limited Liability Company cannot serve as its of another business entity with an active Florida register.) The name and the Florida street address of the register of the register. Veronica Stroud-McCottries.	own Registered Agent. You must designate a ation.) ered agent are:	an individual	or 14 JUN -5	esaryani, S. B. Linningar T. John
3180 SW 51 Ave	<u></u>	i-i	100	
Florida street address (P.O.	Box NOT acceptable)	5		
Davie	FL 33314	34	<u></u>	1000
City	Zip	24-		
Having been named as registered agent and to accepthe place designated in this certificate, I hereby accapacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	ecept the appointment as registered agent and ons of all statutes relating to the proper and c	d agree to act complete perfo	in this ormance	

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR		
	Veronica Stroud-McCottrie	
	3180 SW 51 Ave	
	Davie, FL 33314	
	<u> </u>	
	ည်း	
	<u> </u>	
	——————————————————————————————————————	
	CJN1	
	atc of filing: June 1, 2014 (OPTIONAL)	
EV: Effective date, if other than the d	ate of filing: <u>June 1, 2014</u> . (OPTIONAL) specific and cannot be more than five business days prior to or	
EV: Effective date, if other than the difective date is listed, the date must be of filing.)		
E V: Effective date, if other than the dective date is listed, the date must be of filing.) E VI: Other provisions, if any.		
E V: Effective date, if other than the dective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or	
E V: Effective date, if other than the dective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section)	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document	
E V: Effective date, if other than the directive date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation up	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.	
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation up I am aware that any false into	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State	
LE V: Effective date, if other than the defective date is listed, the date must be of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation up I am aware that any false into constitutes a third degree fee	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)	
E V: Effective date, if other than the decive date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation up I am aware that any false into constitutes a third degree fereign constitutes a third degree fereign.	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State	

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