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SECRETARY OF STATE

JUN 1 6 2014 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	TALL SEE
SUBJECT: EZ Jur LE	L C mited Liability Company
The enclosed Articles of Organization and fee(s) as	
Please return all correspondence concerning this m	natter to the following:
Gunther Schmidt	
	Name of Person
	Firm/Company
5341 Cobalt CT	
	Address
Cape Coral, FL 33904	
C	City/State and Zip Code
emailbcz@googlemail.com E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, plea	ase call:
Gunther Schmidt at (? Name of Person	239) 214 4789 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$125.00 Filing Fee	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 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

Michael Peters

305 SE 24th St.

Cape Coral, FL 33990

Attached you are finding the articles of organization and the requested check.

For any questions please do not hesitate to call the following daytime telephone number:

239 672 6078

Best regards

M. Peters

SECRETARISE EL SEGUE FILE LI

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FI	URIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
EZJur LLC	
	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	
Principal Office Address:	Mailing Address:
1634 SE 47th St.	1634 SE 47th St.
Unit 17	<u>Unit 17</u>
Cape Coral, FL 33904	Cape Coral, FL 33904
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or)
The name and the Florida street address of the registered a	gent are:
Gunther Schmidt	
Name	
5341 Cobalt CT Florida street address (P.O. Box 1	VOT acceptable)
Cape Coral	FL 33904
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliging the chapter.	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in re605, F.S.
Registered Agent's Signatu	re (REQUIRED)
(CONTINUE Page 1 of 2	PILED AMASSE AND A

Title: "AMBR" = Authorized M "MGR" = Manager	1ember	Name and Address:		_
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(Use attachment if necess	sary)			
of filing.) EVI: Other provisions, if	any.	——————————————————————————————————————		
ective date is listed, the confliting.) E VI: Other provisions, if REQUIRED SIGNATU	any.			
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