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Certified Copies	_ Certificates	of Status
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`Special Instructions to	Filing Officer:	
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Office Use Only



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EFFECTIVE DATE

FILED

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SLOREFARY OF STATE
SHARKSEE F. STATE

JUL - 8 2014

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## COVER LETTER

Division of Corporations		
SUBJECT: BEFORE & AFTER LLC		
Name of Lir	nited Liability Company	
The enclosed Articles of Organization and fee(s) as	re submitted for filing.	
Please return all correspondence concerning this in	atter to the following:	
GEORGE LAMBROS		
	Name of Person	
BEFORE & AFTER LLC	Firm/Company	
	Типисопрацу	
5454 SW QUAIL HOLLOW STREE	Address	
	Address	
PALM CITY FLORIDA 34990	ity/State and Zip Code	
gptrading200@gmail.com	ny/state and Zip Code	
E-mail address: (to be used	d for future annual report notifica	ation)
For further information concerning this matter, plea	ase call:	
GEORGE LAMBROS at (7	772 ) 260 0722	
Name of Person		lephone Number
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee &	□\$155.00 Filing Fee &	□\$160.00 Filing Fee,
Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
		••
Mailing Address Registration Section	Street/Courier Adda Registration Section	ress
Division of Corporations	Division of Corporat	tions
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Cent	ter Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY C	COMPANE
ARTICLE I - Name: The name of the Limited Liability Company is:		THE THE PARTY OF T
BEFORE & AFTER LLC		7.76
(Must end with the words "Lim	ited Liability Company, "L.L.C.," o	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
5454 SW QUAIL HOLLOW STREET PALM CITY, FL. 34990	SAME	EFFECTIVE DATE
ARTICLE III - Registered Agent, Registered Offi- The Limited Liability Company cannot serve as its o mother business entity with an active Florida registra	own Registered Agent. You must des	
The name and the Florida street address of the registe	ered agent are:	
GEORGE LAMBROS		
	ame	

Name

5454 SW QUAIL HOLLOW STREET

Florida street address (P.O. Box NOT acceptable)

PALM CITY FL 34990
City Zip

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Muniorized Member "MGR" = Manager	
MGR	GEORGE LAMBROS
	5454 SW QUAIL HOLLOW STREET
	PALM CITY FL. 34990
(Use attachment if necessary)	
ective date is listed, the date must be sp of filing.)	of filing: <u>JULY 1, 2014</u> . (OPTIONAL) ecific and cannot be more than five business days prior to or
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.)	of filing: <u>JULY 1, 2014</u> . (OPTIONAL) ecific and cannot be more than five business days prior to or
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or
E V: Effective date, if other than the date fective date is listed, the date must be sp of filing.)  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felor	ember or an authorized representative of a member.  15.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State mation submitted in s.817.155, F.S.)
EV: Effective date, if other than the date ective date is listed, the date must be spot filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a management of a manageme	ember or an authorized representative of a member.  25.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation 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)