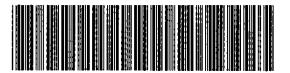
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(Re	equestor's Name)	<u> </u>
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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07/14/14--01008--019 **155.00

FILING CANCELLED RETURNED CHECK

14 Jul 14 PM 1: 15

COVER LETTEŖ

TO:	Registration Section Division of Corporations		
SUBJ	ECT: Aptitude Upscale Marketing Gro Name of I	oup LLC cimited Liability Company	. <u>. </u>
The er	aclosed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this	matter to the following:	
	Ramon V. White	Name of Person	
		Name of Person	
	Aptitude Upscale Marketing Grou	p LLC	
		Firm/Company	
	P.O. Box 10204		
	1.0. BOX 10204	Address	
	Riveria Beach Fl 33419	C': /0/ 17'- C-1-	
		City/State and Zip Code	
Ŀ	urhamfoundation@aol.com E-mail address: (to be u	sed for future annual report notifica	ation)
r c.			
roriu	rther information concerning this matter, p	icase can.	
Ramo	on Whiteat	(404879-8 n)	
1101111	Name of Person		lephone Number
Enclos	sed is a check for the following amount:		
□ \$ 125.	00 Filing 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 Add	<u>ress</u>
	Registration Section Division of Corporations	Registration Section Division of Corporation	tions
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Cen	ter Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FILING CANCELLED RETURNED CHECK

	RETURNED CHECK
APTITUDE UPSCALE MARKETING GROUP	
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princip	pal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
515 Flager Dr.	P.O.Box 10204
West Palm Beach FI 33401	Riveria Beach Fl 33419
another business entity with an active Florida regist	own Registered Agent. You must designate an individual or ration.)
The name and the Florida street address of the regis	tered agent are:
MICHEAL HURST	
N	lame
121 S. Orange Ave. Florida street address (P.O	. Box NOT acceptable)
Orlando	FL 32801
City	Zip
the place designated in this certificate, I hereby a capacity. I further agree to comply with the provis of my duties, and I am familiar with and accept the Registered Agents.	pt service of process for the above stated limited liability company at accept the appointment as registered agent and agree to act in this ions of all statutes relating to the proper and complete performance e obligations of my position as registered agent as provided for in thapter 605, F.S Agrature (REQUIRED)

Title: "AMBR" = Authorized Member "MGR" = Manager AMBR Ramon V. White P.O Box 10204 Riveria Beach Fl 33419 MGR Cornlithianl Durham (Use attachment if necessary) E. V: Effective date, if other than the date of filing: OPTIONAL) Service date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after filing.) E. VI: Other provisions, if any. REQUIRED 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.) Cornlithianl Durham Typed or printed name of signee		Name and Address:	
RETURNED CHEC Ramon V. White P.O. Box 10204 Riveria Beach Fl 33419 **MGR MGR** MGR** MGR** MGR** Cornlithiand Durham	₹" = Authorized Member	Name and Address.	FILING CANCELLE
AMBR Ramon V. White P.O Box 10204 Riveria Beach FI 33419 MGR Cornlithianl Durham (Use attachment if necessary) E.V: Effective date, if other than the date of filing: 07/15/2014 (OPTIONAL) tective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after filing.) E.VI: Other provisions, if any. REQUIRED 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.)			RETURNED CHECK
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	Signature of a member (In accordance with section 605.02 constitutes an affirmation under the I am aware that any false informatic constitutes a third degree felony as	r or an authorized represent 03 (1) (b), Florida Statutes, the penalties of perjury that the for submitted in a document to provided for in s.817.155, F.S.	tative of a member. se execution of this document facts stated herein are true. the Department of State (S.)
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\$ 5.00 Certificate of Status (Optional)	Signature of a member (In accordance with section 605.02 constitutes an affirmation under the I am aware that any false informatic constitutes a third degree felony as Cornlithiant Durham Ty Of Filing Fee for Articles of Organic	r or an authorized represent 03 (1) (b), Florida Statutes, the penalties of perjury that the for submitted in a document to provided for in s.817.155, F.S. ped or printed name of signeent filing Fees:	tative of a member. se execution of this document facts stated herein are true. the Department of State S.) egistered Agent