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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sinless LLC. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Therese Luman Name of Person
Name of Person
Sinless
Firm/Company
6856 Hemlock ROAD
Address
Ocala FL 34472
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Therese Luman at (352) 342-7897 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: (285/26 Hemloch Road) Ocala, FL34472 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registered agent are: The rese Luman Name (85/26 Hemloch Road) The name and the Florida street address of the registered agent are: The rese Luman Name (85/26 Hemloch Road) Florida street address (P.O. Box NOT acceptable) Ocala, FL 34472 City Tip 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, thereby 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, FS. Registered Agent's Signature (REQUIRED) (CONTINUED)	ARTICLE I - Name: The name of the Limited Liability Company is:
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: (856 Hemlock Road) OCAIA, FL 34472 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Therese Luman Name (8856 Hemlock Road) Florida street address (P.O. Box NOT acceptable) OCAIA FL 34472 City Tip 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 aboligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent's Signature (REQUIRED)	Sinless LLC.
The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address:	(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
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Page 1 of 2	The state of the s

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMSR	Therese Luman
FIMOR	CORTO HEMIOCK ROAD
	OCALA . FL 34472
0400	11 ich ales C con
AMBR	Christopher Suero
	OCALA FL 34472
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(I In attachment if appearance)	
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