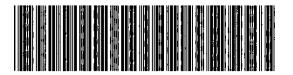
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(Reque	stor's Name)	
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(City/St	ate/Zip/Phone	e #)
PICK-UP	_ WAIT	MAIL
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(Docum	nent Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filin	ng Officer:	

Office Use Only



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August 7, 2014

Florida Department of State Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Find Your Independence LLC

Please find the articles of organization and check for the above mentioned LLC formation. Per the Florida Department of State request, I am officially providing:

Name of Individual Submitting Documentation:

David Arnott

Address:

10400 Griffin Rd., Ste 102

Cooper City, FL 33328

Telephone:

(954) 465-5439

Please feel free to contact me if you have any questions.

Regards,

David Arnott

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Find Your I	Endependence LLC 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:	
David (Arnott	
	Name of Person	
	Firm/Company	
10400 Griffin	Pd Ste 102 Address	
Cooper City, f	FL 33328 City/State and Zip Code	
dave . arnott Dam E-mail address: (4) be us	City/State and Zip Code City/State and Zip Code Sed for future annual report notification)	
For further information concerning this matter, pl		
David Arnott at Name of Person	Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
1 \$125.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$\begin{align*} \Boxed{1} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	atus &
Mailing Address	Street/Courier Address	

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 I - Name:

The name of the Limited Liability Company is:		
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	<u>۔ ۔ ۔ </u>	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address: Mailing Address:		
10400 Griffin Rd Ste 102 10400 Griffin Rd Cooper City, FL33338 Cooper City, Fi	<u>333</u> 26	0J 3
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 another business entity with an active Florida registration.)	individua	l or
The name and the Florida street address of the registered agent are:	5200	
- David Arnott		4
10400 Griffin Rd Ste 102	S 3.21	AUG 12
Florida street address (P.O. Box NOT acceptable)		Æ.
City J FL 55520		9: 3:
Having been named as registered agent and to accept service of process for the above stated limited the place designated in this certificate, I hereby accept the appointment as registered agent and a capacity. I further agree to comply with the provisions of all statutes relating to the proper and co of my duties, and I am familiar with and accept the obligations of my position as registered agent Chapter 605, F.S Registered Agent's Signature (REQUIRED)	agree to ac mplete per	et in this formance

Page 1 of 2

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
AMBR	Paul Lincoln 10400 Griffin Pd Ste	102	
AMBR	David Armit 10900 Griffin Rd Ster Cooper City, FL 333	02	
	-1		
(Use attachment if necessary)			
LE V: Effective date, if other than the date ffective date is listed, the date must be e of filing.)	ate of filing: (OPTIONA specific and cannot be more than five business days prior	L) to or 90) da
LE V: Effective date, if other than the date ffective date is listed, the date must be e of filing.)	ate of filing: (OPTIONA specific and cannot be more than five business days prior	L) to or 90	~
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