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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Attic Fanatic	
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:	
Ryan Martin McNesky Name of Person	
Attic Fanatic	
Firm/Company	
10103 cortez Road W Address	·····
BRADENTON FL 34210 City/State and Zip Code Ryan Mc4747 @ outlook, com E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Rycin McNesky at (941) 779-4410 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} Certified Copy (additional copy is en	Status &
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations	
Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 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:	
Attic Fanatic (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
BRADGNION, FL 34210	10103 Cortez Road W BRADENTOR, FL 34210
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
the place designated in this certificate, I hereby accept the	Pesky Pood W Pot acceptable)
of my duties, and I am familiar with and accept the oblig	ations of my position as registered agent as provided for in 605, F.S

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	Ryan McNesky 4116 99th St 1.) BEADENTON, FL 34215	>
(Use attachment if necessary)		
fective date is listed, the date must be spe	ecific and cannot be more than five business days pri	or to or 90
fective date is listed, the date must be spe of filing.)	ecific and cannot be more than five business days pri	or to or 90
fective date is listed, the date must be spe of filing.) LE VI: Other provisions, if any.	ecific and cannot be more than five business days pri	or to or 90
REOUIRED SIGNATURE: Signature of a men (In accordance with section 60: constitutes an affirmation under I am aware that any false inforr constitutes a third degree felon:	nuber of an authorized representative of a member. 5,0203 (1) (b). Florida Statutes, the execution of this d r the penalties of perjury that the facts stated herein are nation submitted in a document to the Department of Sy as provided for in s.817.155, F.S.)	ocument
REOUIRED SIGNATURE: Signature of a men (In accordance with section 60: constitutes an affirmation under I am aware that any false inforr constitutes a third degree felon:	nuber of an authorized representative of a member. 5,0203 (1) (b). Florida Statutes, the execution of this d r the penalties of perjury that the facts stated herein are mation submitted in a document to the Department of S	ocument e true.
REOUIRED SIGNATURE: Signature of a mer (In accordance with section 60: constitutes an affirmation under I am aware that any false infort constitutes a third degree felony	mber of an authorized representative of a member. 5,0203 (1) (b). Florida Statutes, the execution of this dr the penalties of perjury that the facts stated herein are nation submitted in a document to the Department of Sy as provided for in s.817.155, F.S.) MALTIN MCNESK Typed or printed name of signee Filing Fees: ganization and Designation of Registered Agent	ocument e true.

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-