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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	İ
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJEC	CT: FILTHY P	imited Liability Company	AUDERDALE, LLC
The encl	osed Articles of Organization and fee(s)	are submitted for filing.	
Please re	eturn all correspondence concerning this	matter to the following:	
	RONA	Name of Person	
		Name of Person	
	TIGU	Pirm/Company	- LAUSERDACE, LIC
	2135 WH	Address	₩ €
	ORLAND	O FLA 32 City/State and Zip Code	_835
	PONRIFHER CA	oh. co m ed for future annual report notific	
	E-mail address: (to be us	ed for future annual report notific	ation)
For furth	er information concerning this matter, pl	ease call:	
Ro	Name of Person at (407 , 522-	8804
	Name of Person	Area Code Daytime Te	elephone Number
Englosed	is a check for the following amount:		
Y\$ 125.00	Filing Fee \$\Bigcup \\$130.00 \text{ 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 Registration Section	Street/Courier Add Registration Section	ress
	Division of Corporations P.O. Box 6327	Division of Corpora Clifton Building	tions

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

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 L		
(Mast one Will the World Elimines E	demay company, 2.2.c., or any	o. ,
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company	y is:
Principal Office Address:	Mailing Address:	
2900 W. SAMPLE HO #KIOOS COCONST CREEK, FLD 33073	0ALANDO FL	ECD LANE A 31875
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	e an individual or
The name and the Florida street address of the registered ag	gent are:	
RONAD R	1154ER	
Name	· · · · · · · · · · · · · · · · · · ·	
2135 WK	ITFIED LANE	
Florida street address (P.O. Box N	NOT acceptable)	
City	FL 32835 Zip	
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter	he appointment as registered agent a all statutes relating to the proper and	and agree to act in this d complete performance
Registered Agent's Signatur	re (REQUIRED)	
(CONTINUE)	D)	74 A
Page 1 of 2		14 AUG 29 7315: 0
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	Name and Address:	
AMBR" = Authorized Member	PAJAGO RITNIER	1
AMBR" = Authorized Member MGR" = Manager ROMACO RIDNE RAPR	2135 114	DLA
MONATOR TONE	2/23 10/1/12	5 9 3,
-	ORCANSO I LA	<u> </u>
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Use attachment if necessary)		
V: Effective date, if other than the date of filing: _ ctive date is listed, the date must be specific and	cannot be more than five business days p	ONAL) orior to or 9
CV: Effective date, if other than the date of filing: _ctive date is listed, the date must be specific and of filing.) CVI: Other provisions, if any.	(OPTIC cannot be more than five business days p	ONAL) prior to or 9
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