## L14000157295

(Re	questor's Name)	
(Ad	dress)	
(Au	uicss)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
(50	cument (vumber)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	· •
<u> </u>	<del>-</del>	
7	Office Use On	nlv



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10/02/14--01018--002 \*\*130.00

EFFECTIVE DATE



## COVER LETTER

Division of C			
SUBJECT: Better L	LC Nome of Lin	nited Liability Company	<del></del>
	Name of Lif	nited Liability Company	
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please return all corres	spondence concerning this m	atter to the following:	
Brandy F	ogleman	Name of Person	•
		Name of Cason	
Better LL	С		
		Firm/Company	
_1160 Enj	swood Pkwy		
		Address	
Palm Har	bor FL 34683		
		City/State and Zip Code	
brandy@brandy	nscott.com E-mail address: (to be use	d for future annual report notifica	ation)
For further information	concerning this matter, ple	ase call:	
Danada Saalaasa		000 \ 074.0000	
Brandy Fogleman Nam	e of Person		lephone Number
	r 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)
			.,
	ling Address stration Section	Street/Courier Add Registration Section	ress

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Better LLC		
	mited Liability Company, "L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and street address of the princi	ipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1160 Eniswood Pkwy	1160 Eniswood Pkwy	<del></del>
Palm Harbor FL 34683	Palm Harbor FL 34683	
3434 Hoover Drive Florida street address (P.O	Name	FILED  2014 OCT -2 PM 2: 4.7  SECURIAN OF STATE PALLAHASSEE FLORID
<u>Holiday</u> City	Zip	
the place designated in this certificate, I hereby capacity. I further agree to comply with the provis of my duties, and I am familiar with and accept to	ept service of process for the above stated limited lial accept the appointment as registered agent and agreesions of all statutes relating to the proper and complete obligations of my position as registered agent as part of the proper form of the complete form of the proper and comple	e to act in this ete performance

(CONTINUED)

Page 1 of 2

<u>litle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
AMBR	Brandy Fogleman
	1160 Eniswood Pkwy
	Palm Harbor FL 34683
AMBR	Pameia Dunbar
	3434 Hoover Drive
	Holiday FL 34691
Use attachment if necessary)	
EV: Effective date, if other than the detire date is listed, the date must be	ate of filing: 10/01/2014 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days a
ctive date is listed, the date must be f filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a  (In accordance with section	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the dective date is listed, the date must be filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation under the section constitutes are affirmation under the section constitutes an affirmation under the section constitutes are affirmation	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.
E.V: Effective date, if other than the decrive date is listed, the date must be filing.)  E.VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a  (In accordance with section constitutes an affirmation under the constitutes at third degree feed.)	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document formation submitted in a document to the Department of State long as provided for in s. 817.155. F.S.)
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