L14000160732

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ĉi	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer: .	
·	Office Use On	,. v



900265154619

10/10/14--01025--005 **130.00

14 OCT TO AM 9: 34
SECRE FARY OF STATE
TALLAHASSEE, FLORID,

Talevara OCL 1 2 5014

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:	AR PO Name of Lir	wercord, LL nited Liability Company	<u>C.</u>
The enclosed Articles	s of Organization and fee(s) a	re submitted for filing.	
Please return all corre	espondence concerning this m	atter to the following:	
	Amber 1	Name of Person	
<u> </u>		Firm/Company	•
27	43 Runin	g Stings	Loop
	Dviedo, FL	32765 City/State and Zip Code	
0	-CDOWECC	d for future annual report notifica	il.com
For further information	on concerning this matter, plea	ase call:	
Amber	me of Person at (Area Code Daytime Te	lephone Number
Enclosed is a check for	or 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)
Ma	iling Address	Street/Courier Add	ress

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 L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2743 Running Springs Loop Ovicedo, FL O 2011	2743 Running Springs Look Oxiedo, FL 32765
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or
Name Plorida street address of the registered a Name Name Plorida street address (P.O. Bold City	solonger Solongs Loop
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	ice of process for the above stated limited liability company the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance attions of my position as registered agent as provided for in the following the fol
Registered Agent's Signatu	The OCT 10 A SSEE
(CONTINUE Page 1 of 2	19:34 FLORIDA

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Robin Balonger 2743 Running Springs Loop
mgl	Andoer Balonger 2743 Running Springs Losp Ovieds FL 32765
E V: Effective date, if other than the date of ective date is listed, the date must be spe	of filing: 10-6-2014 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days
ective date is listed, the date must be spe of filing.)	
EV: Effective date, if other than the date of ective date is listed, the date must be spe of filing.)	
EV: Effective date, if other than the date of fective date is listed, the date must be spe of filing.)	
E V: Effective date, if other than the date of fective date is listed, the date must be spe of filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer	Ecific and cannot be more than five business days prior to or 90 days Solver The property of a member of a member of a member of a member of a member.
E V: Effective date, if other than the date of ective date is listed, the date must be spe of filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605)	mber or an authorized representative of a member.
E V: Effective date, if other than the date of ective date is listed, the date must be spe of filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State
E V: Effective date, if other than the date of ective date is listed, the date must be spe of filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member.
E V: Effective date, if other than the date of ective date is listed, the date must be spe of filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State
E V: Effective date, if other than the date of ective date is listed, the date must be spend filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date of ective date is listed, the date must be spe of filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date of fective date is listed, the date must be spe of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.) Typed or printed name of signee