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SECRETARY OF STATE

T. Burch OCT 2,12014

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Trat's great Name of Li	MCLOS, LLC mited Liability Company	
The enclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
_ Robert R. Ro	Name of Person	
_Trat's great	Pirm/Company	
908 S. Mer	riden load Address	
Cheshive	CT OWYLO City/State and Zip Code	·
E-mail address: (to be use	CYOSCOE., COM ed for future annual report notifica	tion)
For further information concerning this matter, ple RODEYT ROSCOE OY Name of Person Automation concerning this matter, ple RODEYT ROSCOE or at ((203) 649-490 <u>203) 649-49</u>	
Enclosed is a check for the following amount: \$\square\$125.00 Filing Fee \$\text{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 Division of Corporations P.O. Box 6327	Street/Courier Addr Registration Section Division of Corporati	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited L	Jability 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:
3875 Hidden River PKWY Suite 300 Tamper, FL 33137	Creshive, et outlo
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)
The name and the Florida street address of the registered a LANNY ZE	
2023 STILL WI	TO COLUMN TO THE SECOND
Florida street address (P.O. Box N	NOT acceptable)
TAMPA	NOT acceptable) FL 33641 Zip ROT acceptable) FL 33641
City	Zip

faving been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRE

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR MC	Robert R. Roscue 31 Harvest Ct Cheshire CT 06410
	SECRE ALLAH
	ASSET 7
(Use attachment if necessary)	DRIDA SS
FICLE V: Effective date, if other than the date n effective date is listed, the date must be splate of filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days
FICLE VI: Other provisions, if any.	
	1

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Robert R. Roscoe
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)