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K.SALY EXAMINER OCT 24 2014

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Interdependent LLC 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:
EliJAH HAYES JR Name of Person
Interdependent, LLC Firm/Company
2223 50th Street Circle East Address
Palmetto, FLORIDA 34221  City/State and Zip Code  Elionh Hayes I At Yahoo. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Eli Ja H Hayes JR at (941) 348 - 8317  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\sumsetern\\$ \$125.00 \text{ Filing Fee} \text{ \$\sumsetern\\$ \$130.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \$\sumsetern\\$ \$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \$ \$\sumsetern\\$ \$\su

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

Street/Courier Address
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:	~~ }_{
Interdependent, LLC  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	20 84
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	<b>*</b>
2223 50th St. Circle East 2223 50th St. Circle EAST PALMETTO, FL 34221  PALMETTO, FL 34221	st-
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual another business entity with an active Florida registration.)	or
The name and the Florida street address of the registered agent are:	
Elijah Hayes JR.  Name  2223 50th St. Circle East	
Name	
2223 50th St. Circle EAST	
Florida street address (P.O. Box NOT acceptable)	
PAlmetto FL 34221 City Zip	
City Zip	
Having been named as registered agent and to accept service of process for the above stated limited liability conthe place designated in this certificate, I hereby accept the appointment as registered agent and agree to act capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete perform formy duties, and I am familiar with and accept the obligations of my position as registered agent as provided Chapter 605, F.S	in this ormance
Elijah Hayeo J.,  Registered Agent's Signature (REQUIRED)	

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" ≈ Authorized Member	Name and Address:
"MGR" = Manager  MGRZ	Yolanda Roberts 2223 Soth St. Circle East Palmetto, FL 34221
Assistant Assistant	Terreall Hayes 215 30th St. East Palmetto, FL 34221
Assistant Assistant	Marquel M. Neasman 10400 Bloomfield Dr. #525 Orlando, FL 37825
Assistant	Arthur Huggins Jr.
	Bradenton, Ft 34708
EV: Effective date, if other than the ective date is listed, the date must lof filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days
EV: Effective date, if other than the ective date is listed, the date must lof filing.)	Eradin fin, Ft. 3428  e date of filing: (OPTIONAL)  be specific and cannot be more than five business days prior to or 90 days
E V: Effective date, if other than the ective date is listed, the date must lof filing.)  E VI: Other provisions, if any.	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days  Link Hayes de.
E V: Effective date, if other than the ective date is listed, the date must lof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with section constitutes an affirmation I am aware that any false)	Exadentia, VL 3428  date of filing:
E V: Effective date, if other than the ective date is listed, the date must lof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with section constitutes an affirmation I am aware that any false)	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State
E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with section constitutes an affirmation I am aware that any false	Elijoh Hayes A.  a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)