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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
1	Office Use On	lv



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FILED

14 OCT 31 PH 2: 25

NOV = 5 2014

T. BROWN

## **COVER LETTER**

TO: Registration Section Division of Corporations		-
SUBJECT: FTG 202 Visions, llc  Name of Lin	mited Liability Company	
The enclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Gary M Solender		
	Name of Person	
	·	
Individual		
	Firm/Company	
4098 Cedar Ave.	Address	
_	Address	
5   5   6   5   60446		
Palm Beach Gardens, Fl. 33410	City/State and Zip Code	
•	5.15, 15 tall 0 and 2.1p 0 0 0 0	
rednelos@aol.com E-mail address: (to be use	d for future annual report notification)	
For forther information and its discount of	11	
For further information concerning this matter, ple	ase call:	
Garv M Solender at (at (	561 ) 627 6365  Area Code Daytime Telephone Number	
, and of Ferson	Dayline relephone Number	
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address	Street/Courier Address	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tailahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

## 140C131 PH 2:7 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LI ARTICLE I - Name: The name of the Limited Liability Company is: FTG 202 Visions, Ilc (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address:** Mailing Address: 4098 Cedar Ave. 4098 Cedar Ave Palm Beach Gardens, Fl 33410 Palm Beach Gardens, Fl 33410 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 or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Garv M Solender Name

Having 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 665, F.S..

FL 33410

(CONTINUED)

stered Agent's Signature (REQUIRED)

Florida street address (P.O. Box NOT acceptable)

City

4098 Cedar Ave

Palm Beach Gardens

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Gary M Solender
	4098 Cedar Ave
	Palm Beach Gardens, FI 33410
AMBR	Linda E Solender
	4098 Cedar Ave
	Palm Beach Gardens, FI 33410
	<u> </u>
<u>-</u>	
EV: Effective date, if other than the date of ctive date is listed, the date must be spe	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or
(Use attachment if necessary)  EV: Effective date, if other than the date extive date is listed, the date must be spenfilling.)  EVI: Other provisions, if any.	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or
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ARTICLE IV-