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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status ____ Certified Copies _____ Special Instructions to Filing Officer:

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COVER LETTER

TO:	Registration of	n Section Corporations		
SUBJ	ECT: <u>Cheap</u>	Skate Savings LLC. Name of Lie	mited Liability Company	
		s of Organization and fee(s) a	•	
110430	Blake W		Name of Person	
	<u>CheapS</u>	kate Savings	Name of Person	
			Firm/Company	•
	<u>144 Ole</u>	ander Circle	Address	
	<u>Panama</u>	City Beach, Florida 32413	3 City/State and Zip Code	
_cl	neapskatesav	ings@gmail.com E-mail address: (to be use	ed for future annual report notific	ation)
For fu	ther information	on concerning this matter, ple	ase call:	
Blake		at (_	850) 2525085 Area Code Daytime Te	lephone Number
Enclos	ed is a check fo	or the following amount:		
	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)
	<u>Ma</u>	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

1110 1141110 01 410 151	ne: mited Liability Company is:		
	nated Diabinty Company is.		
CheapSkate Sav			<u> </u>
	(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad The mailing addres		al office of the Limited Liability Company is:	
Principal Office A	ddress:	Mailing Address:	
144 Oleander Cir		144 Oleander Circle	
Panama City Bea	ch. Florida	Panama City Beach, Florida	
32413		32413	
The name and the F	lorida street address of the registe	ered agent are:	
	Blake West	ama	
		ame	Se I
		ame	17 H
	N		MEANAN PARAMETER AND PARAMETER
	No. 144 Oleander Circle		14 NOV 13
	National Nat	Box NOT acceptable)	14 NOV 13 AM

(CONTINUED)

Page 1 of 2

	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	Blake West
	144 Oleander Circle
	Panama City Beach, Florida 32413
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Use attachment if necessary)	₩ ₽
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ctive date is listed, the date must be specific filing.) E. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.02 constitutes an affirmation under the	er or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein are true.
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ARTICLE IV-

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