L150000006709

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| • •. |
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Autorian Office Usa Only



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JAN 1 3 2015

T. BROWN

COVER LETTER

TO: Registration Section **Division of Corporations** The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (too used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount: \$155.00 Filing Fee & \$160.00 Filing Fee, \$130.00 Filing Fee & \$125.00 Filing Fee Certificate of Status Certified Copy Certificate of Status &

Mailing Address

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

Street/Courier Address

dditional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

| ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY |
|---|
| ARTICLE I - Name: The name of the Limited Liability Company is: |
| Foward Motton Marketing LLC 700 00 |
| (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: |
| 3397 South Federal 3357 South Federal Highway Apt B Highway APT B Boynton Beach FL 33435 FL 33435 |
| 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: |
| Alexander M Riley |
| 3357 South Federal Highway B |
| Florida street address (P.O. Box NOT acceptable) |
| Boyaton Deach FL 33435 Zip |
| · Cny Zip |

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 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

| Fitle: AMBR" = Authorized Mem MGR" = Manager | Name and Address: ber |
|---|--|
| AMBR | Alexander Riley 3357 South Feldal Huy B Boynton Beach FL 33435 |
| | |
| Use attachment if necessary | |
| V: Effective date, if other tetive date is listed, the date filing.) | han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or 9 |
| ctive date is listed, the date filling.) EVI: Other provisions, if any REQUIRED SIGNATURE | han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or 9 |
| CV: Effective date, if other to trive date is listed, the date filling.) CVI: Other provisions, if any EEQUIRED SIGNATURE Signat (In accordance with constitutes an affirm I am aware that any | han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or 9 |