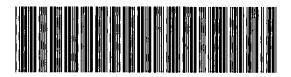
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
SECRETARY OF STATE

T. HAMPTON

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Allison Goodbread LL.  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:
Allison Goodbread Name of Person
Allison Goodbread LLC Firm/Company
Po Box 643959 Address
Vero Beach 7/a 32964 City/State and Zip Code
E-mail@ddress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Allison Goodbresch (772) 766-4580  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 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)

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:

(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:  2842 Stoneway Ln D Po Box 643959  Vero Becch FIG 32964	
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:  Allison Goodbread  Name  2842 Stone Locy Ln  Florida street address (P.O. Box NOT acceptable)  Florida street address (P.O. Box NOT acceptable)  Florida street address (P.O. Box NOT acceptable)  City Zip  Having been named as registered agent and to accept service of process for the above stated limited liability company 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 performant 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	s ice
Registered Agent's Signature (REQUIRED)  (CONTINUED)  Page 1 of 2	

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Allison Goodbread 2842 Stone way In Ft. Pierce Fl J3498
(Use attachment if necessary)	
ective date is listed, the date must be spec of filing.)	f filing: (OPTIONAL)  ific and cannot be more than five business days prior to or 9
ective date is listed, the date must be spec of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	ific and cannot be more than five business days prior to or 9
REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 605, constitutes an affirmation under to I am aware that any false information constitutes a third degree felony and the section 4 mem to 1 memory.	ber or an authorized representative of a member.  0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 605, constitutes an affirmation under to I am aware that any false information constitutes a third degree felony.	ber or an authorized representative of a member.  0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE:  Signature of a mem (In accordance with section 605, constitutes an affirmation under to I am aware that any false information constitutes a third degree felony.	ific and cannot be more than five business days prior to or 9  ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)  COOCHECA  Typed or printed name of signee  Filing Fees: nization and Designation of Registered Agent