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(Re	equestor's Name)	
. (Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	· · · · · · · · · · · · · · · · · · ·
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Office Use Only



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01/28/15--01010--010 **125.00



J. CHAPLES FEB 0 4 2015

COVER LETTER

TO:	Registration Division of	n Section Corporations		
SUBJ	ECT: France	tte invest, LLC Name of Li	mited Liability Company	
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this m	natter to the following:	
	Maximili	en Vallery-Masson	Name of Person	
		 	Firm/Company	
	610 Sha	dy Nook Drive	Address	
	Brandon	Florida 33511	City/State and Zip Code	
<u>.d</u> .	vm1946@yah	oo fr E-mail address: (to be use	ed for future annual report notific	ation)
For fur	ther informatio	n concerning this matter, ple	ase call:	
<u>Danie</u>	i Vallery-Masi Nar	son at (813) 344-6503 Area Code Daytime Te	lephone Number
Enclos	ed is a check fo	or the following amount:		
2 \$125. 0	0 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Ma	iling Address	Street/Courier Add	Leas

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

A	RTICLES OF ORGANI	ZATION FOR FL	ORIDA LIMITE	D LIABILITY (COMPANY		
ARTICLE I - Nam	e:						
	nited Liability Compar	ny is:					
	•						
Francette Invest. I	uc						
TIMILOUS TELEVISION S	(Must end with the w	ords "Limited L	iability Compa	ny, "L.L.C.," (or "LLC.")	_	
				•••	•		
ARTICLE II - Add	ress: and street address of t	he principal cel	ion of the Timit	ad I šabilim Ca			
THE HIGHING GOODESS	alto su cet audiess of t	ne brincipai otti	ice of the Limit	ed Displitty Co	mpany is:		
Principal Office Ad	<u>ldress:</u>		Mailing Add:	ress;			
840 Chady Nach F	Dub		C40 Chadus	da ala D ebaa			
610 Shady Nook [Brandon, Florida 3			610 Shady N Brandon, Flo			_	
				<u> </u>		_	
	elstered Agent, Regist						
	ty Company cannot ser lity with an active Flor			t. You must de	signate an indi	vidual or	
The name and the Fl	orida street address of	the registered a	gent are:				
	Maximillen Valler	v-Masson					
		Name					
	610 Shady Nook Florida street addr		NOT acceptable				
	Brandon	•	FL 33511				
		ity		Zip			
the place designa capacity. I further	l as registered agent an sted in this certificate, I agree to comply with t I am familiar with and	hereby accept to he provisions of accept the oblig	he appointment all statutes rela	as registered a ting to the pro	ngent and agree per and comple	to act in this te performanc	:e
	//						
	Registered /	Agent's Signatur	re (REQUIRED))	•	29	
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		Page 1 of 2				77	20 gran
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Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager	Albana Hall LAMA Ser	
MGR	Olivia Massue	
	610 Shady Nook Drive	
	Brandon, Fl 33511	
MGR	Christian Massue	
	610 Shady Nook Drive	
	Brandon, FJ 33511	
MGR	Jerome Gay	
	610 Shady Nook Drive	
	Brandon, Fl 33511	
E V: Effective date, if other than the date ective date is listed, the date must be sporf filing.)	of filing:	s afte
(Use attachment if necessary) E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) E VI: Other provisions, if any.	of filing:	s afte
E V: Effective date, if other than the date ective date is listed, the date must be sporf filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 day.	s afte
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Page 2 of 2