L15000021436

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
FALLARASSEE, FLORINA

FEB 0 4 2015 S. YOUNG

COVER LETTER

TO:	Registration	n Section Corporations		
SUBJE	ECT: <u>A-BOC</u>		0014 ABOUT U LLC.	:
The en	closed Articles	s of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	espondence concerning this m	natter to the following:	
	Mark Ja	ckson	Name of Bosses	
			Name of Person	
	-		Firm/Company	
	5528 Ca	irtagena Drive	Address	
			. Idan oso	
	Sarasota	Florida 34233	City/State and Zip Code	<u> </u>
_m;	jackson@vur	sus.com	d for future annual report notifica	ation) SS 2
For fur	ther informatio	on concerning this matter, ple	·	100 平 10
<u>Mark</u>	Jackson Nar	at (at (917) 319 1210 Area Code Daytime Te	lephone Number
_		or the following amount:		
] \$125.0	0 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)
		iling Address	Street/Courier Add	ress
		istration Section ision of Corporations	Registration Section Division of Corporat	tions
	P.O	. Box 6327	Clifton Building	
	Tall	lahassee, FL 32314	2661 Executive Cent	ter Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
A Book About LLS. A Book A book and with the words	out U LLC. 'Limited Liability Company, "L.L.C.," or	· "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Cor	mpany is:
Principal Office Address:	Mailing Address:	
5528 Cartagena Drive Sarasota Florida 34233	5528 Cartagena Drive Sarasota Florida 34233	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re The name and the Florida street address of the re	its own Registered Agent. You must des gistration.)	
	-	
Dr. Janis Lawrence-Ja	Name	到夏里
5528 Cartagena Drive		22 万
	P.O. Box <u>NOT</u> acceptable)	
Sarasota	FL 34233	PM 2: 46 OF STATE
City	Zip	受用 あ
Having been named as registered agent and to a the place designated in this certificate, I here capacity. I further agree to comply with the proof my duties, and I am familiar with and accepted. Registered Agent	by accept the appointment as registered as ovisions of all statutes relating to the prop	gent and agree to act in this er and complete performance
(CO	NTINUED)	

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Mark Jackson LCSW
	5528 Cartagena Drive Sarasota FI 34233
	Salasula F1 34233
	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 9
LE V: Effective date, if other than the dat fective date is listed, the date must be spof filing.) LE VI: Other provisions, if any.	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90
LE V: Effective date, if other than the dat fective date is listed, the date must be spof filing.)	e of filing:
LE V: Effective date, if other than the dat fective date is listed, the date must be spof filing.) LE VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90
LE V: Effective date, if other than the dat fective date is listed, the date must be spot filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	Decific and cannot be more than five business days prior to or 90
LE V: Effective date, if other than the date fective date is listed, the date must be spot filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a man (In accordance with section 6)	ember or an authorized representative of a member.
LE V: Effective date, if other than the date fective date is listed, the date must be spot filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic constitutes an affirmation und	ember or an authorized representative of a member. 25.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the dat fective date is listed, the date must be spot filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info	ember or an authorized representative of a member. 25.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, remaining submitted in a document to the Department of State ray as provided for in s.817.155, F.S.)
E V: Effective date, if other than the dat fective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info constitutes a third degree felo	ember or an authorized representative of a member. 25.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true; mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
E V: Effective date, if other than the dat fective date is listed, the date must be spot filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info	ember or an authorized representative of a member. 25.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)

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