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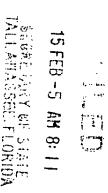
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Special Instructions to	Filing Officer:	· • • · · · · · · · · · · · · · · · · ·
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COVER LETTER

	gistration Section vision of Corporations
SUBJECT:	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please return	n all correspondence concerning this matter to the following:
	Auron Kurtz
	Haron Kurtz Name of Person
-	Firm/Company L.L.C.
	3535 Hukjenda St. Sarasotu, FL 34237 Address
-	Scrascta, FL 34237 City/State and Zip Code Kurtzwaran 88 @ grnaj. Com E-mail address: (to be used for future annual report notification)
For further i	information concerning this matter, please call:
- Ass	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fili	ing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
3 	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, Fl. 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:						
The name of the Limited L.	iability Company is:					
<u> </u>	- to + .	, 1				
(Musi	t end with the words "Limited	Liability Co	L. C., mpany, "L.L.C.,"	or "LLC.")		
ARTICLE II - Address: The mailing address and str	reet address of the principal of	ffice of the L	imited Liability C	ompany is:		
Principal Office Address:		Mailing A	Address:			
25.25 Havierda	s I	353:	- Hacionda	. St.		
Saprota, FL 34:	5 - , 237	Som	sota, FL J	74237		
(The Limited Liability Con	d Agent, Registered Office, on pany cannot serve as its own han active Florida registration	Registered A			dual or	
	treet address of the registered	-				
	Aaron Kurtz Name					
	3535 Hacierda St					
	orida street address (P.O. Box		•			
	Sarasota City	FL	34237			
	City		Ziþ			
the place designated in capacity. I further agree	ristered agent and to accept ser this certificate. I hereby accep to comply with the provisions amiliar with and accept the obt Chapt	t the appoints of all statutes	nent as registered relating to the pro	agent and agree to oper and complete	o act in ti perform	his ance
	Registered Agent's Signal	ture (REQUI	RED)	<u>-</u>		
	(CONTINU	ED)			15 F	r
	Page I of 2	i		MASSEC FLO	-5 AH 8	Colonia Charles Charles Colonia Coloni

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
MGR and AMER	Aaron Kurtz 25-25 Havinda St. Sarasuta, FL 34237		
	of filing: (OPTIC		_
EV: Effective date, if other than the date of fective date is listed, the date must be speof filing.)	of filing: (OPTIC OPTIC		ıys af —
LE V: Effective date, if other than the date of fective date is listed, the date must be spe of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	cific and cannot be more than five business days p		1ys af
E V: Effective date, if other than the date of fective date is listed, the date must be spe of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	mber or an authorized representative of a member 5.0203 (1) (b). Florida Statutes, the execution of this rathe penalties of perjury that the facts stated herein a nation submitted in a document to the Department of y as provided for in s.817.155, F.S.)	er. document are true. f State	ays af
E V: Effective date, if other than the date of fective date is listed, the date must be spend filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mere (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	mber or an authorized representative of a member 5.0203 (1) (b). Florida Statutes, the execution of this the penalties of perjury that the facts stated herein a nation submitted in a document to the Department of	er. document are true. f State	

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