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MINESSEE FLORIDA MORESSEE FLORIDA MORESSEE FLORIDA

MAR - 2 2015

T. HAMPTON

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Talents ville Recovels L.L.C. 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:
Javed Randolph Rackley
Firm/Company
775 Rustling Pines Blvd
Address
Midway Florida 32343
City/State and Zip Code
Lemail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Tayed Rackly at 404 719-2993 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\sum_{\text{S130.00 Filing Fee}} \text{\$\sum_{\text{S130.00 Filing Fee}}} & \sum_{\text{S155.00 Filing Fee}} \text{\$\sum_{\text{S155.00 Filing Fee}}} & \sum_{\text{S160.00 Filing Fee}} \text{\$\sum_{\text{Certified Copy}}\$ (additional copy is enclosed)} \text{\$\sum_{\text{S160.00 Filing Fee}}} & \sum_{\text{Certified Copy}} \text{\$\text{Certified Copy}} \text{\$\text{(additional copy is enclosed)}} \$\text{(additional copy is enclose

### 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

The name of the Limited Liability Company is:	
Jalents VIII e Rec (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
715 Rustling Pines Blud midway FL 32343	Same
(The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration.)  The name and the Florida street address of the registered at the following the	agent are:
Javed Kandoly Name	oh Kacilley
Taved Randoly Name 775 Rustling Pin Florida street address (P.D. Box)	os Blvd NOT acceptable)
Midway	FL 32343
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the oblication.  Chapte  Registered Agent's Signation.	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in er 605, F.S.
CONTINUE	(D)

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<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Javed Rackly
<del></del>	<u> </u>
(Use attachment if necessary)	
E V: Effective date, if other than the date of the date is listed, the date must be spe	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90
ective date is listed, the date must be spen of filing.) E VI: Other provisions, if any.	cific and cannot be more than five business days prior to or 90
ective date is listed, the date must be spen of filing.)	cific and cannot be more than five business days prior to or 90
ective date is listed, the date must be speof filing.)  E VI: Other provisions, if any.	cific and cannot be more than five business days prior to or 90
REOUIRED SIGNATURE:  Signature of a men  (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	cific and cannot be more than five business days prior to or 90
REQUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inforn constitutes a third degree felony	nber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State
REOUIRED SIGNATURE:  Signature of a men  (In accordance with section 605 constitutes an affirmation under I am aware that any false inforn constitutes a third degree felony	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penaltics of perjury that the facts stated herein are true, nation submitted in a document to the Department of State or as provided for in s.817.155, F.S.)

ARTICLE IV-

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