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(Re	questor's Name)	<u> </u>
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
(50	cument wantery	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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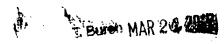


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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2015

MATTHEW GRANT ROACH 12215 FAIRLAEWN DRIVE RIVERVIEW, FL 33579

SUBJECT: MATT ROACH LLC Ref. Number: W15000013436

(see change)

We have received your document for MATT ROACH LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 015A00003888

$ARTICLES \, OF \, OR GANIZATION \, FOR \, FLORIDA \, LIMITED \, LIABILITY \, COMPANY$

ARTICLE 1 - Name: The name of the Limited Liability Company is:				
Mait Reach LLC Wept Constr (Must end with the words "Limited	ruction LLC Liability Company, "L.L.C.," or "LLC.")	SECE TALLA	15 HAR	> श्रामाणका कु
ARTICLE H - Address: The mading address and street address of the principal o	ffice of the Limited Liability Company is:	HASSE	R 20	eredenis Litaria
Principal Office Address:	Mailing Address:	mic:	PH II:	n I
12215 Fairlawn Drive Riverview, FL 33579	12215 Fairlawn Drive Riverview, FL 33579	STATE LORIDA	h: 5.7	N.C.
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio The name and the Florida street address of the registered Matthew Grant Roach Name	Registered Agent. You must designate annu.) l agent are.	individt \$≥	nal or	•
19915 Cairloum Drive				
<u>12215 Fairlawn Drive</u> Florida street address (P.O. Box	x <u>NOT</u> acceptable)			,
Riverview	FL 33579		i	* 4
Having been named as registered agent and to accept se the place designated in this verificate. I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am tamiliar with and accept the ob-	of the appointment as registered agent and a of all statutes relating to the proper and cor	grec to . nplete p	act in t erform	his ance
Mothe Get Al	ger 605. F.S.			
Registered Agent's Signa	ише (Крусткет)			

(CONTINUED)
Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Matthew Roach 12215 Fairlawn Drive Riverview, FL 33579
	-
(Use attachment if necessary)	
CLE V: Effective date, if other than the date effective date is listed, the date must be sp	e of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days
CLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.) CLE VI: Other provisions, if any.	pecific and cannot be more than five business days prior teory90 day
CLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.) CLE VI: Other provisions, if any.	pecific and cannot be more than five business days prior thor 90 days of 180 31 180 20 180 180 180 180 180 180 180 180 180 18

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)