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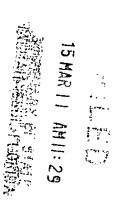
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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J. STAVORS MAR 27 7875

## **COVER LETTER**

TO: Registration Division of	on Section		
SUBJECT:	JIKE IN UC Name of Lin	stments LL nited Liability Company	.c
The enclosed Article	es of Organization and fee(s) a	re submitted for filing.	
Please return all corr	respondence concerning this m	atter to the following:	
	JAMES Co	Name of Person	
<del></del>		Firm/Company	
	9125	SW 227 St. Address	Unit 1
***	Cutter	Bay FL. 3319	0
		401, Com d for future annual report notifica	
For further informati	on concerning this matter, plea		,
	Collenbergerat (	305) 562 - Area Code Daytime Te	7756_ lephone Number
Enclosed is a check t	for the following amount:		
☐ \$125.00 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)
M	ailing Address	Street/Courier Add	ress

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

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Must end with the words "Limited Lia	
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9135 SW 227 St. Units Cutter Boy, Fl. 33190	Same
ARTICLE III - Registered Agent, Registered Office, & F (The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.)	
The name and the Florida street address of the registered age	
Mike White	<b>X X X X X X X X X X</b>
Name	
19930 Coral Se	a Rd.

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

	Title	Name and Address:	
	<u>Title:</u> "AMBR" = Authorized M		
	"MGR" ₹ Manager		
	MGR	James Collenberger	
		9/25 5W 227 5+ UMIT!	
	.44	Carra 509, 51, 251, 40	
	<u> MGR</u>	M. Ke White	
		19930 Coral Seu Rd.	
		<u>Cutter Bay, F1, 33157</u>	
		· ·	
	(Use attachment if necessar	ary)	
	•	•	
(If an ef	LE V: Effective date, if other	•	days afte
(If an ei the date	LE V: Effective date, if other	er than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days prior to or 90	days afte
(If an ei the date	LE V: Effective date, if other fective date is listed, the date of filing.)	er than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days prior to or 90	days afte
(If an ei the date	LE V: Effective date, if other fective date is listed, the date of filing.)	er than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days prior to or 90 any.	<del></del>
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(If an ei the date	LE V: Effective date, if other fective date is listed, the date of filing.)	er than the date of filing:	<del></del>
(If an ei the date	LE V: Effective date, if other fective date is listed, the date of filing.)  LE VI: Other provisions, if a	er than the date of filing:	<del></del>
(If an ei the date	LE V: Effective date, if other fective date is listed, the date of filing.)  LE VI: Other provisions, if a REQUIRED SIGNATULE Sign	er than the date of filing:	<del></del>
(If an ei the date	LE V: Effective date, if other fective date is listed, the date of filing.)  LE VI: Other provisions, if a REQUIRED SIGNATULE Signature (In accordance of the state of the sta	er than the date of filing:	<del></del>
(If an ei the date	LE V: Effective date, if other fective date is listed, the date of filing.)  LE VI: Other provisions, if a second	er than the date of filing:	<del></del>
(If an ei the date	LE V: Effective date, if other fective date is listed, the date of filing.)  LE VI: Other provisions, if a secondary of the s	er than the date of filing:	<del></del>
(If an ei the date	LE V: Effective date, if other fective date is listed, the date of filing.)  LE VI: Other provisions, if a secondary of the s	any.  RE:  Collecte  mature of a member or an authorized representative of a member.  with section 605.0203 (1) (b), Florida Statutes, the execution of this document firmation under the penalties of perjury that the facts stated herein are true.  any false information submitted in a document to the Department of State.	<del></del>

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)

ARTICLE IV-