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(Re	equestor's Name)	
(, 4,	
(Ad	dress)	
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:		
: (Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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M. MILLIGAN EXAMINER

APR 1 3 2015



COVER LETTER

	istration ision of C	Section orporations			
SUBJECT:	Agouti E	nterprises, LLC			
		Name of Lir	mited Liability Co.	mpany	
The enclosed	l Articles	of Organization and fee(s) a	re submitted for fi	ling.	
Please return	all corres	pondence concerning this m	natter to the follow	ring:	
<u>4</u>	Martin Ric	he		<u></u>	
			Name of Perso	n	
£	Agoutí En	terprises, LLC			
			Firm/Company	y.	
<u>. </u>	5025 Balo	Cypress Trail			
			Address		
£	ort Pierc	e, FL 34951			
			City/State and Zip	Code	
marty.ri	iche@gm	ail.com E-mail address: (to be use	d for future annua	l report notifica	ation)
For further in	nformation	concerning this matter, ple	ase call:		
M (D)	_		070	2000	
Marty Riche	Nami	e of Person	870) 672 Area Code		lephone Number
Enclosed is a	ı check for	the following amount:			
] \$ 125.00 Filir	ng Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filin Certified Con (additional copy	ру	☑\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		ing Address	-	t/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

The name of the Limited Liability Comp	my is.
Agouti Enterprises, LLC	
(Must end with the	words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address o	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5025 Bald Cypress Trail	5025 Bald Cypress Trail
The Limited Liability Company cannot	stered Office, & Registered Agent's Signature: erve as its own Registered Agent. You must designate an individua
ARTICLE III - Registered Agent, Reg The Limited Liability Company cannot another business entity with an active Fl	istered Office, & Registered Agent's Signature: serve as its own Registered Agent. You must designate an individual prida registration.)
ARTICLE III - Registered Agent, Reg The Limited Liability Company cannot another business entity with an active Fl The name and the Florida street address	istered Office, & Registered Agent's Signature: serve as its own Registered Agent. You must designate an individual prida registration.)
ARTICLE III - Registered Agent, Reg The Limited Liability Company cannot another business entity with an active Fl	istered Office, & Registered Agent's Signature: serve as its own Registered Agent. You must designate an individual prida registration.)
ARTICLE III - Registered Agent, Reg The Limited Liability Company cannot another business entity with an active Fl	Fort Pierce, FL 34951 Instered Office, & Registered Agent's Signature: Berve as its own Registered Agent. You must designate an individual prida registration.) of the registered agent are: Name
Fort Pierce, FL 34951 ARTICLE III - Registered Agent, Reg The Limited Liability Company cannot another business entity with an active Fl The name and the Florida street address Martin Riche 5025 Bald Cyp	Fort Pierce, FL 34951 Instered Office, & Registered Agent's Signature: Berve as its own Registered Agent. You must designate an individual prida registration.) of the registered agent are: Name
Fort Pierce, FL 34951 ARTICLE III - Registered Agent, Reg The Limited Liability Company cannot another business entity with an active Fl The name and the Florida street address Martin Riche 5025 Bald Cyp	Fort Pierce, FL 34951 stered Office, & Registered Agent's Signature: serve as its own Registered Agent. You must designate an individua orida registration.) of the registered agent are: Name

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

15 MAR 19 FW 1:

<u>Fitle:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Marty Riche 5025 Bald Cypress Trail
	Fort Pierce, FL 34951
Use attachment if necessary)	
EV: Effective date, if other than the date ctive date is listed, the date must be s f filing.) EVI: Other provisions, if any.	te of filing: <u>15, March 2015</u> . (OPTIONAL) pecific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date ctive date is listed, the date must be s f filing.) E VI: Other provisions, it any.	pecific and cannot be more than five business days prior to or 9
Extive date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic constitutes an affirmation under a magnetic date any false info	pecific and cannot be more than five business days prior to or 9

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)

Page 2 of 2