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(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
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03/24/15--01035--003 **155.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 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: Name of Person
Nona Tooks
Firm/Company
7776 Lower Gateway Loop Unit 2111
Address
Orkando, FL 32827 City/State and Zip Code bryan, Most @ ISEq-na.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
City/State and Zip Code
bryan, propost@ iseg-na.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brysh Propst at 417 860 7353 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

ARTICLE I - Name:

er in

The name of the Limited Liability Company is:	
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	
Principal Office Address:	Mailing Address:
7776 Caver Cateway Cap unit 2111 Orlando, FC 32827	7770 Laver Gateury Leep unit 2111 Orlando, FC 32807
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or
Florida street address (P.O. Box I	pst my Leap unt 2111
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	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 r 605. F.S.
(CONTINUE Page 1 of 2	MAR 2
	e e

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Raine Poret
<u>MOR</u>	7776 Cower Gateway Loup out 2111
	01. A FC 37677
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ective date is listed, the date must be spe	of filing: (OPTIONAL) exific and cannot be more than five business days prior to or 90
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