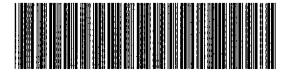
## L150000 65679

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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APR 1 6 2015

T. HAMPTON

## **COVER LETTER**

TO:	Registration Division of C	Section Corporations		
SUBJE	CT: <u>Subsidi</u>	um, LLC		
		Name of Lir	nited Liability Company	
The end	closed Articles	of Organization and fee(s) as	re submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
	Ralph W.	Albrecht	Name of Person	
			Name of Person	
	Subsidiu	m, LLC		
			Firm/Company	
	2131 Bio	unt Road		
			Address	
	Pompano	Beach, Florida 33069	City/State and Zip Code	
TW.	a6509@yaho	o com		
		E-mail address: (to be use	d for future annual report notifica	ation)
For furt	her information	n concerning this matter, plea	ase call:	
Ralph	Albrecht		9 <u>54</u> ) <u>725-5502</u>	
	Nam	ne of Person	Area Code Daytime Te	lephone Number
Enclose	d is a check fo	r the following amount:		
<b>2 \$</b> 125.0	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & 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

ANTICLES OF ORGANIZATION FOR	CELORIDA LIMITED LIABILATA COMFANT
ARTICLE I - Name: The name of the Limited Liability Company is:	
Subsidium, LLC (Must end with the words "Limite	ed Liability Company. "L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2131 Blount Road Pompano Beach, Florida 33069	2131 Blount Road Pompano Beach, Florida 33069
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrat  The name and the Florida street address of the registere  Ralph W. Albrecht  Nan	m Registered Agent. You must designate an individual or ion.) ed agent are:
2131 Blount Road Florida street address (P.O. B	ox <u>NOT</u> acceptable)
Pompano Beach City	FL <b>33069</b> Zip
the place designated in this certificate. I hereby according to comply with the provision of my duties, and I am familiar with and accept the according to the control of t	service of process for the above stated limited liability company ept the appointment as registered agent and agree to act in this is of all statutes relating to the proper and complete performany obligations of my position as registered agent as provided for in a specific formal pater 605, F.S

(CONTINUED)

Page 1 of 2

15 MAR 25 AM 8: 50
SEUREJARY OF STATE

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Ralph W. Albrecht
effective date is listed, the date must	date of filing:
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) CLE VI: Other provisions, if any.	date of filing:
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with section constitutes an affirmation I am aware that any false	date of filing:
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with section constitutes an affirmation I am aware that any false	date of filing: