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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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APR 16 2015 N. CAUSSEAUX

COVER LETTER

	stration Section sion of Corporations
SUBJECT: _	Name of Limited Liability Company
The enclosed	Articles of Organization and fee(s) are submitted for filing.
Please return a	all correspondence concerning this matter to the following:
_	Meri B. Mireles Name of Person
_	Waxology Wax, LiC Firm/Company
_	Waxology Wax, LIC Firm/Company 3724 Cape Pointe Circle Address Jupiter F1 33477 City/State and Zip Code
	Jup; ter Fl 33477 City/State and Zip Code
	Waxology Wax Damail. Com E-mail address: (to be used for future annual report notification)
For further inf	formation concerning this matter, please call:
Me.	Name of Person Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:
\$125.00 Filing	g Fee

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

The name of the Limited Liability Company is	
/	台 事 也
Marale	2011 Nor 11/
(Must end with the word	s "United Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	P. 22
The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3724 Cape Pointe Ci	3724 Cape Pointe Circel
Jupiter, 1-6 334	Jupiter, FC 33477
ARTICLE III - Registered Agent, Registere	ed Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve another business entity with an active Florida	as its own Registered Agent. You must designate an individual or registration.)
	registration.)
another business entity with an active Florida The name and the Florida street address of the	registration.)
another business entity with an active Florida The name and the Florida street address of the	registration.) registered agent are: Name
another business entity with an active Florida The name and the Florida street address of the	registration.) registered agent are: Name
another business entity with an active Florida The name and the Florida street address of the Day Florida street address	registration.) registered agent are: Name U Cape Pointe Circle (P.O. Box NOT acceptable)
another business entity with an active Florida The name and the Florida street address of the Day Florida street address	registration.) registered agent are: Name
another business entity with an active Florida The name and the Florida street address of the Day Florida street address	registration.) registered agent are: Name U Cape Pointe Circle (P.O. Box NOT acceptable)

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: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	-
MGR AMBR	Meri Mircles 3724 Cape Pointe Circle Supiter, FL 33	- - - - -
	3724 Cape Painte Cire Supiter, FL 3347	-/e 7 -
(Use attachment if necessary)	, 1	-
ctive date is listed, the date must be sp	e of filing: 3/18/2015. (OPTIONAL) pecific and cannot be more than five husiness days prior to or	90 d
ective date is listed, the date must be sp of filing.) E VI: Other provisions, if any.		90 da
REOUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under 1 am aware that any false infor constitutes a third degree felor	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this documen er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)	
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