L15000668466

(Re	equestor's Name)	
· ·	, 4,	
(Ac	dress)	
1		
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Nar	ne)
(Dr	ocument Number)	
(DC	cament Namber)	
Certified Copies	_ Certificates	s of Status
		,
Special Instructions to	Filing Officer:	
		i

Office Use Only



600271315436

04/03/15--01010--001 **155.00



1105 O S APR 20

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CCT:	Technologies, LLC imited Liability Company	
The end	closed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this r	matter to the following:	
	Wil	bank J. Roche Name of Person	
	R	Roche & Holt Firm/Company	
	520 S. S	epulveda Blvd., #310	
		Address	
		geles, CA 90049 City/State and Zip Code	
		he1@gmail.com led for future annual report notifica	ution)
For fur	ther information concerning this matter, pl		
	Wilbank J. Roche at (Name of Person	310) 471-2909 Area Code Daytime Tel	ephone Number
_	ed is a check for the following amount: 0 Filing Fee \$\Bigcup \frac{130.00}{2}\$ 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 Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

F: - F:	Tashaslasias IIIC
	Technologies, LLC ords "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of th	ne principal office of the Limited Liability Company is:
•	
Principal Office Address:	Mailing Address:
502 Vera Cruz Drive	502 Vera Cruz Drive
Destin, FL 32541	Destin, FL 32541
he name and the Florida street address of t	Michelle Krantz Name
50	02 Vera Cruz Drive
	ess (P.O. Box <u>NOT</u> acceptable)
Destin	
Ci	ity Zip
the place designated in this certificate, I capacity. I further agree to comply with the	d to accept service of process for the above stated limited liability compar hereby accept the appointment as registered agent and agree to act in thi he provisions of all statutes relating to the proper and complete performan accept the obligations of my position as registered agent as provided for Chapter 605, F.S.
the place designated in this certificate, I capacity. I further agree to comply with the of my duties, and I am familiar with and to the complexity of the capacity.	hereby accept the appointment as registered agent and agree to act in thi he provisions of all statutes relating to the proper and complete performal accept the obligations of my position as registered agent as provided for
the place designated in this certificate, I capacity. I further agree to comply with the of my duties, and I am familiar with and the complexity of the complexity of the capacity.	hereby accept the appointment as registered agent and agree to act in the provisions of all statutes relating to the proper and complete performance accept the obligations of my position as registered agent as provided for Chapter 605, F.S

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Michelle Krantz
	502 Vera Cruz Drive
	<u>Destin, FL 32541</u>
(Use attachment if necessary)	
•	date of filing: (OPTIONAL)
EV: Effective date, if other than the ective date is listed, the date must l	date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 c
ective date is listed, the date must l of filing.)	date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 c
EV: Effective date, if other than the ective date is listed, the date must lof filing.)	date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 or
EV: Effective date, if other than the ective date is listed, the date must l	date of filing: (OPTIONAL) De specific and cannot be more than five business days prior to or 90 o
E V: Effective date, if other than the ective date is listed, the date must lof filing.) E VI: Other provisions, if any.	date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 c
E V: Effective date, if other than the ective date is listed, the date must lof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	pe specific and cannot be more than five business days prior to or 90 c
E V: Effective date, if other than the ective date is listed, the date must lof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of	e specific and cannot be more than five business days prior to or 90 c
E V: Effective date, if other than the ective date is listed, the date must lof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section)	a member or an authorized representative of a member.
E V: Effective date, if other than the ective date is listed, the date must lof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation)	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the ective date is listed, the date must lof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with sectic constitutes an affirmation I am aware that any false	a member or an authorized representative of a member.
E V: Effective date, if other than the ective date is listed, the date must lof filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of (In accordance with sectic constitutes an affirmation I am aware that any false	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of Stafe (felony as provided for in s.817.155, F.S.) Michelle Krantz
E V: Effective date, if other than the ective date is listed, the date must lof filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of (In accordance with sectic constitutes an affirmation I am aware that any false	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of Stafe (felony as provided for in s.817.155, F.S.)
E V: Effective date, if other than the ective date is listed, the date must lof filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of (In accordance with sectic constitutes an affirmation I am aware that any false	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of Stafe felony as provided for in s.817.155, F.S.) Michelle Krantz