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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

APR 2 1 2015 T. SCOTT



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# **COVER LETTER**

CT:			
losed Articles	of Organization and fee(s) a	re submitted for filing.	
eturn all corres	spondence concerning this m	natter to the following:	
	Kerby	Stanley GUG-CNC Name of Person	
	Vivid 1/h	otography 11c	
	8221 NW	53 St	
		Address	
K	echleu @ Yohoo E-mail address: (to be use	City/State and Zip Code  Com d for future annual report notifica	ntion)
ner information	concerning this matter, ple	ase call:	
elby 5	e of Person at (_	636 395-33 Area Code Daytime Tel	lephone Number
d is a check for	r the following amount:		
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)
	Division of CCT:  CT:  closed Articles return all corres  her information  Name	Name of Line Posed Articles of Organization and fee(s) a seturn all correspondence concerning this matter, please there information concerning this matter, please the concerning the set of Person dis a check for the following amount:  Filing Fee \$\int \frac{1}{3}\text{30.00 Filing Fee & }\int \frac{1}{3}\text{30.00 Filing Fee }\text{30.00 Filing Fee }30.00 Fil	Name of Limited Liability Company  And Articles of Organization and fee(s) are submitted for filing.  The description of Person  The description of Person

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

<u>Street/Courier Address</u> Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

AKTICLES OF ORGANIZATION FURTH	ORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability Company is:		
(Must end with the words "I imited I	iability Company, "L.L.C.," or "LLC.")	
(widst end with the words. Einfried Ei	lability Company, L.L.C., or LLC.	
ARTICLE II - Address: The mailing address and street address of the principal office.	ce of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
8221 NW 57 St	8221 NW 5351	
Laucechi 11, 1-6 33351	Lauderhill, FL 33351	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individu	ıal or
The name and the Florida street address of the registered ag	gent are:	
Kerby Stanley E Name 8221 NW 53 st	UGANC	
Florida street address (P.O. Box N	OT acceptable)	
Laudeth; Il	FL 33351 Zip	
Having been named as registered agent and to accept servi- the place designated in this certificate, I hereby accept th capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliga Chapter	the appointment as registered agent and agree to all statutes relating to the proper and complete p attion of my position as registered agent as prove 605, F.S	act in this erformance
(CONTINUE	))	_
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Page 1 of 2		APR - I AH 8: IS
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<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:
MGR" = Manager	( 00 )
DW RP	Wienzo Monammed.
nii ve	- 4817 1. State RU.7.33073
a LOD	COLUMNIC CITE PC.
AM IST	Kerby stanley outens
	3221 NW 153 St
_	hauserhill, F1 33351
AMBR	William Grantham
	1817 SW 1175 CT
	FORT LAuderdale FL 33312
V: Effective date, if other than the ctive date is listed, the date must b	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 90
CV: Effective date, if other than the ctive date is listed, the date must be filling.)	
CV: Effective date, if other than the ctive date is listed, the date must be filling.)	
CV: Effective date, if other than the ctive date is listed, the date must be filing.) CVI: Other provisions, if any.	
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CV: Effective date, if other than the ctive date is listed, the date must be filing.) CVI: Other provisions, if any.  REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90
CV: Effective date, if other than the ctive date is listed, the date must be filing.)  CVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of: (In accordance with sections)	a member or an authorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this document
CV: Effective date, if other than the ctive date is listed, the date must be filing.)  CVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of: (In accordance with section constitutes an affirmation)	a member or an authorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
CV: Effective date, if other than the ctive date is listed, the date must be filing.)  CVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of: (In accordance with section constitutes an affirmation I am aware that any false in the control of the cont	a member or an authorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this document
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CV: Effective date, if other than the ctive date is listed, the date must be filing.)  CVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of: (In accordance with section constitutes an affirmation I am aware that any false in the control of the cont	a member or an authorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  nformation submitted in a document to the Department of State
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ARTICLE IV-