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(Re	questor's Name)	
(Ade	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
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SECRETARY OF STATE

4/23/15

COVER LETTER

Division of Corporations	
SUBJECT: Launch Pro Fore Charity LLC	
Name of Lin	mited Liability Company
The enclosed Articles of Organization and fee(s) a	re submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Edward R Tinari	
	Name of Person
	Firm/Company
	•
5301 N. Federal Hwy #180	Address
5, 5, 5, 6, 67	
Boca Raton, Fl. 33487	City/State and Zip Code
ed@ltrled.com E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, ple	ase call:
-	740.0440
Edward Tinari at (! Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\text{Certificate of Status}\$	□\$155.00 Filing Fee & □\$160.00 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	Street/Courier Address Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Launch Pro Fore Charity LLC (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 of	fice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
5301 N. Federal Hwy # 180 Boca Raton, Fl. 33487	Same	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration	Registered Agent. You must designate an inc	lividual or
The name and the Florida street address of the registered a	agent are:	
Edward R. Tinari		
5301 N. Federal Hwy # 180 Florida street address (P.O. Box	NOT acceptable)	
Boca Raton,	FL 33487	
City	Zip	
Having been named as registered agent and to accept servine place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the oblice. Chapte	the appointment as registered agent and agro If all statutes relating to the proper and comp	ee to act in this lete performance
Eull C	WE (REQUIRED)	2015 APR
Registered Agent's Signatu (CONTINUE Page 1 of 2		PR 13 AH 8: 52

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Edward R Tinari
	7309 Brunswick Cir
	Boynton Bch. Fl. 33472
AMBR	Frederic Wade
	5301. N. federal Hwy # 180
	Boca Raton. Fl. 33487
	5000,1,9,10111,11100,101
(Use attachment if necessary)	
EV: Effective date, if other than the date ctive date is listed, the date must be spe	of filing: (OPTIONAL) scific and cannot be more than five business days prior to or 90 days
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ARTICLE IV-