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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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K.SALY EXAMINER APR 27 2015

COVER LETTER

Division of Corporations		
SUBJECT: The FootGuy		
	mited Liability Company	
The enclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Scott Donat	· · · · · · · · · · · · · · · · · · ·	
	Name of Person	
The FootGuy	Firm/Company	
	i mil/company	
4705 Seattle St.	Address	
O 51 20007		
Cocoa, FL 32927 (City/State and Zip Code	
scott.donat@yahoo.com E-mail address: (to be use	ed for future annual report notifica	ation)
For further information concerning this matter, ple	ase call:	
Scott Donat at (321) 458-3944	
Name of Person		lephone Number
Enclosed is a check for the following amount:		
✓ \$125.00 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	Street/Courier Add	ress
Registration Section Division of Corporations	Registration Section Division of Corporat	tions
P.O. Box 6327	Clifton Building	110115
Tallahassee, FL 32314	2661 Executive Cent	ter Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Comp	any is:	
The FootGuy, LLC		
(Must end with the	words "Limited Liability Company,	"L.L.C.," or "LLC")
ARTICLE II - Address: The mailing address and street address or	f the principal office of the Limited	"L.L.C.," or "LLC?) Liability Company is: 75
Principal Office Address:	Mailing Addres	s:
4705 Seattle St. Cocoa, FL 32927	4705 Seattle S Cocoa, FL 329	27
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot another business entity with an active Fl	serve as its own Registered Agent. Y	
The name and the Florida street address of	of the registered agent are:	
Scott Donat		
	Name	
4705 Seattle St	t	<u>.</u>
Florida street ad	ldress (P.O. Box NOT acceptable)	
Cocoa,	FL 32927	
	City Zip	
the place designated in this certificate capacity. I further agree to comply with	, I hereby accept the appointment as to the provisions of all statutes relatin	he above stated limited liability company at registered agent and agree to act in this g to the proper and complete performance ion as registered agent as provided for in
	(CONTINUED)	

Page 1 of 2

<u> Citle:</u>	Name and Address:
'AMBR" = Authorized Member	
MGR" = Manager	
MGR	Scott Donat
	4705 Seattle St.
	Coçoa, FL 32927
· · · · · · · · · · · · · · · · · · ·	
	<u>ښي</u>
	A CONTRACTOR OF THE CONTRACTOR
	<u></u>
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EV: Effective date, if other than the date tive date is listed, the date must be specified to the specific time.	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)