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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	-
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
TALLY ANY SEEF FLORIDA

EFFECTIVE DATE 05/04/15

HW 1:5 2015

COVER LETTER

	Registration S Division of Co			•			
SUBJEC*	Complecto	or, LLC					
SUBJEC	· · · · · · · · · · · · · · · · · · ·	Name of I	imited Liabi	lity Company			
The enclo	sed Articles of	f Organization and fee(s)	are submitte	d for filing.			
Please ret	urn all corresp	ondence concerning this	matter to the	following:			
	James Ball						
			Name o	f Person			
	J R Ball. LL	c					
			Firm/C	ompany		·	
	4100 Marrio	ott Drive, Unit 601					
			Add	ress		, -, -, -, -, -, -	
	Panama City	y Beach, FL 32408					
	jball1244@g	mail.com	City/State a	nd Zip Code		F 28	castas
		E-mail address: (to be us	ed for future	annual report notifica	tion)	AN E	å į
For further	information co	oncerning this matter, plea	ase call:			3853 784 11	
	James Ball	at (480	316-0496			Flaton
	Nan	ne of Person	Area Code	Daytime Telephor	ne Number	PHIZ: 47 OF STATE E FLORID	Tayor
Enclosed	is a check for	the following amount:					
\$125.00 F	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certif	00 Filing Fee & ied Copy nal copy is enclosed)	\$160.00 Filing Certificate of Certified Cop additional copy	Status &	
	Regist Divisi P.O. I	ng Address ration Section on of Corporations Box 6327 nassee, FL 32314		Street Address Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	ter Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Complector, LLC				
(Must end	I with the words "Limited I	iability Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: 'he mailing address and street	address of the principal offi	ice of the Limiter	Liability Company is:	
•	pal Office Address:	ce of the Emilie	Mailing Addre	:ss:
4100 Marriot Dr. U		410	O Marriott, Unit 601	 -
4100 Mainul Di. O.	III OO I	410	J Mainou. Onicoor	
he Limited Liability Compan	gent, Registered Office, & y cannot serve as its own R	Registered Age		
ARTICLE III - Registered Ag The Limited Liability Compan nother business entity with an	gent, Registered Office, & y cannot serve as its own R active Florida registration.	Registered Age egistered Agent.	nt's Signature:	
ARTICLE III - Registered Ag The Limited Liability Compan nother business entity with an	gent, Registered Office, & y cannot serve as its own R active Florida registration.	Registered Age egistered Agent.	nt's Signature:	
Panama City Beach ARTICLE III - Registered Ag The Limited Liability Companiother business entity with an The name and the Florida stree	gent, Registered Office, & y cannot serve as its own R active Florida registration address of the registered a	Registered Age egistered Agent.	nt's Signature:	
ARTICLE III - Registered Ag The Limited Liability Compan nother business entity with an	gent, Registered Office, & y cannot serve as its own R active Florida registration address of the registered a	Registered Age egistered Agent.) gent are:	nt's Signature:	
ARTICLE III - Registered Ag The Limited Liability Compan nother business entity with an	gent, Registered Office, & y cannot serve as its own R active Florida registration address of the registered a	Registered Age egistered Agent.) gent are: Name	nt's Signature: You must designate an indi	ividual or
ARTICLE III - Registered Ag The Limited Liability Compan nother business entity with an	gent, Registered Office, & y cannot serve as its own R active Florida registration address of the registered a James R Ball	Registered Age egistered Agent.) gent are: Name	nt's Signature: You must designate an indi	ividual or

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

EFFECTIVE DATE 05/04/15

Title:	Name and Address:
"AMBR" = Authorized Mem	per
"MGR" = Manager	1 W4
AMBR	Jerry Wood 4100 Marriott Drive Unit 601
	Panama City Beach, FL 32408
	Panama City Beach, PL 32408
AMBR	James Bail
	4100 Marriott Drive Unit 601
	Panama City Beach, FL 32408
	
/TT 1 10 1	
ective date is listed, the date	nan the date of filing: May 3, 2015 . (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 days a
EV: Effective date, if other the date is listed, the date of filing.)	an the date of filing: May 1, 2015 (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 days a does not meet the applicable statutory filing requirements, this date will not be list epartment of State's records.
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E V: Effective date, if other the ective date is listed, the date of filing.) The date inserted in this block ment's effective date on the E E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature (In accordance constitutes and I am aware the ective date)	an the date of filing: May 1, 2015 (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 days a does not meet the applicable statutory filing requirements, this date will not be list epartment of State's records. The proof of a member or an authorized representative of a member. The with section 605.0203 (1) (b), Florida Statutes, the execution of this document affirmation under the penalties of perjury that the facts stated herein are true.
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-