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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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MAY 2 8 2015 T. BROWN

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Repaired Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gordon Pro-ro
Name of Person
FirmCompany
1809 Morgan Hue
Address
Chettohoochee FL 32324  City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cordow Restro at (850) 212-4231  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \times Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)

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

Street/Courier Address
Registration Section Division of Corporations Clifton Building 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:	
Lentro's Prepaires LLC	访
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ADTICLE II Addisses	28
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	e <b>E</b>
Principal Office Address: Mailing Address:	· =
1009 Morgan Ave	河 5
Chatra hoothre FL. SAME	
31314	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual another business entity with an active Florida registration.)	or
The name and the Florida street address of the registered agent are:	
(Ladar) Comban	
Name	
1001 Morgan Hore	
Florida street address (P.O. Box NOT acceptable)	
Chattohoochee FL 32324	
City Zip	
Having been named as registered agent and to accept service of process for the above stated limited liability of the place designated in this certificate, I hereby accept the appointment as registered agent and agree to accapacity. I further agree to comply with the provisions of all statutes relating to the proper and complete per of my duties, and I am familiar with and accept the obligations of my position as registered agent as provid Chapter 605 F.S  Registered Agent's Signature (REQUIRED)	t in this formance
Registered Agent's Signature (REQUIRED)	
•	
(CONTINUED)	

Page 1 of 2

se attachment if necessary)  V: Effective date, if other than the date of filing:  (OPTIONAL)  ive date is listed, the date must be specific and cannot be more than five business days prior to or filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member of a authorized representative of a member.  (In accordance with section 6050203 [1]), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony asprovided for in s.817155, F.S.)  Typed or printed name of signce  Filling Fees:  S125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	<u>'itle:</u>	Name and Address:
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Signature of a member of an authorized representative of a member.  (In accordance with section 605,0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817155, F.S.)    Coron   Coron   Coron	1GR" = Manager	( and as the same
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