## 15000101800

(Re	questor's Name)		
(Ad	dress)		
—— (Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
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(Do	cument Number)		
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SECRETAR OF CORPORATION ON VISION OF CORPORATION OF 22

06/12/15
EFFECTIVE DATE 06/61/15

## **COVER LETTER**

TO:	Registration S Division of Co				
SUBJE		East Townhouse #27, LL	C.		
SUDJE	C1:	Name of Li	mited Liabili	ty Company	
The end	losed Articles o	f Organization and fee(s) a	re submitted	for filing.	
Please r	eturn all corresp	ondence concerning this m	natter to the fo	ollowing:	
	Robert Egai	1			
			Name of	Person	
	Owner				
	<del></del>		Firm/Cor	npany	
	11758 West	ham Dr.			
			Addre	ess	
	Saint Louis,	, MO 63131			
	RCEDOC@6	GMAIL.COM	City/State and	l Zip Code	
		E-mail address: (to be use	d for future a	nnual report notificati	on)
For furth	er information co	oncerning this matter, plea	se call:		
	Robert Egan		314	432-2491	
	Nar	· · · · · · · · · · · · · · · · · · ·	Area Code	Daytime Telephon	e Number
Enclose	ed is a check for	the following amount:			
	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certifie	0 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address tration Section		Street Address Registration Section	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Beachside East Town		. 1.11.	67 I C 22 67 I C 22	<del></del>	
(Must end v	with the words "Limited L	liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	ddress of the principal offi	ce of the Limited I	iability Company is:		
Princips	al Office Address:		Mailing Address:		
Rober Egan		Robei	rt Egan		
11758 Westham Dr.			3 Westham Dr.		
Saint Louis, MO 6313	31	Saint	Louis, MO 63131	· · · · · · · · · · · · · · · · · · ·	
			ou must designate an individua		
another business entity with an a The name and the Florida street a	address of the registered a	gent are:	<b>3</b>	15 JUN -8	SECRETAR DIVISION OF C
·	address of the registered a	)		15 JUN -8 F	SECRETARY OF COR
·	address of the registered a	gent are:		AH	SECRETARY OF S
·	address of the registered a  Robert Egan	gent are: Name		AH 9:	SECRETARY OF SIAIR
·	Address of the registered a  Robert Egan  17135 Front Beach Rose	gent are: Name		AH	SECRETARY OF STATE
·	Robert Egan  17135 Front Beach Ros Florida street address (	gent are:  Name  ad # 27  P.O. Box NOT ac	ceptable)	AH 9:	SECRETARY OF SIALL SECRETARY OF SIALL BIVISION OF CORPORATION

(CONTINUED)

Page 1 of 2

KARA PERCY
Notary Public, Notary Seal
State of Missouri
St. Louis County
Commission # 13447218
My Commission Expires February 10, 2017

Α	<b>RTI</b>	C1	$\mathbf{F}$	IV.

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	Dobart Foor		
OWNER (OWN)	Robert Egan 11758 Westham Dr. saint louis, MO 63131		
OWNER (OWN)	Mary Egan 11758 Westham Dr. Saint Louis, MO 63131	<del></del>	
(Use attachment if necessary)			
the date of filing.)  Note: If the date inserted in this block does not meet to the document's effective date on the Department of Standard ARTICLE VI: Other provisions, if any.	· · · · · · · · · · · · · · · · · · ·	rill not be	listed as
Robert and Mary Egan are both owners of this LLC.			
REQUIRED SIGNATURE:	() (2) A ()		<del></del>
Signature of a mamba	r allow authorized representative of a member		
ommission # 1244 I am aware that any false info	05.0203 (1) (b), Florida Statutes, the execution of this of the penalties of perjury that the facts stated herein as submitted in a document to the Department of only as provided for in s.817.155, F.S.)		
	ROBERT Egan	<del>15</del>	S
Ту	rped or printed name of signee		4615 1203 1203
\$175.00 Filing Fac for Australia of Organia	Filing Fees: zation and Designation of Registered Agent	1	97. 17. 17. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18
\$ 30.00 Certified Copy (Optional)	ation and Designation of Registered Agent	σ • • • • • • • • • • • • • • • • • • •	COR CELL
\$ 5.00 Certificate of Status (Optional)		3	250 S J.
		ب	72 -