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(Re	equestor's Name)	
(Ad	dress)	<u> </u>
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(Cil	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	egistration S ivision of Co				
SUBJECT		Research, LLC			
SOBSECT	•	Name of Lin	nited Liabili	ty Company	
The enclos	ed Articles of	Organization and fee(s) an	e submitted	for filing.	
Please retu	ırn all corresp	ondence concerning this ma	atter to the f	ollowing:	
	Belkys Abr	ะน			
			Name of	Person	
			Firm/Co	mpany	
	PO Box 140	0452			
			Addr	ess	
	Coral Gable	s, FL 33114			
	researchmian	C nil@gmail.com	ity/State an	d Zip Code	
•		E-mail address: (to be used	for future a	nnual report notificat	on)
For further i	nformation co	oncerning this matter, please	e call:		•
	Belkys Abre	u 78 at (86	413-6574	
	Nan			Daytime Telephon	e Number
Enclosed i	s a check for	the following amount:			
\$125.00 F	iling Fee	\$130.00 Filing Fee & Certificate of Status	Certifi	0 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Maili</u>	ng Address		Street Address	

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

ARTICLE I - Name: The name of the Limited Liability Company is:		EFFECTIVE DATE 6-8 15
Localeur Research, LLC (Must end with the words "Limited Lia	ability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited L	Liability Company is:
Principal Office Address:		Mailing Address:
900 West 49 Street Suite 448 Hialeah, FL 33012		ox 140452 Gables, FL 33114
ARTICLE III - Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Reganother business entity with an active Florida registration.)	gistered Agent. Y	
The name and the Florida street address of the registered age	ent are:	
Belkys Abreu		
Na	ame	
900 West 49 Street, Suite		
Florida street address (P	.O. Box NOT acc	ceptable)
<u>Hialeah</u>	FL State	33012 Zip
City	State	Zip
Having been named as registered agent and to accept service of place designated in this certificate, I hereby accept the appoints further agree to comply with the provisions of all statutes relations am familiar with and accept the obligations of my position as referenced in the control of	ment as registered ing to the proper d	d agent and agree to act in this capacity. I and complete performance of my duties, and I s provided for in Chapter 605, F.S
(0	CONTINUED)	
	Page 1 of 2	THE JUN 15 A IO

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Belkys Abreu
	PO Box 140452
	Coral Gables, FL 33114
(Use attachment if necessary)	
ective date is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Department.	ate of filing: June 8, 2015 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be ent of State's records.
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