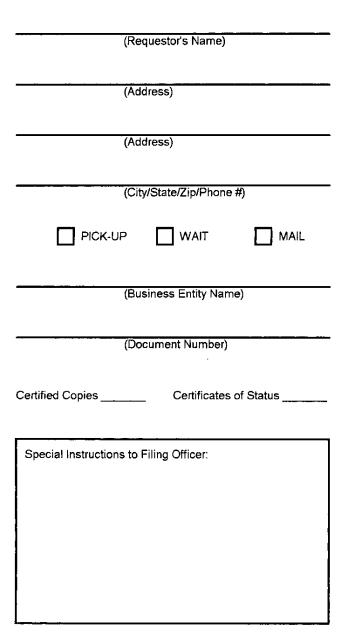
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Con			
SUBJECT:	First Coo	nited Liability Company	Tish LLC
The enclosed Articles of	Organization and fee(s) ar	re submitted for filing.	
Please return all correspo	ondence concerning this ma	atter to the following:	
	Heather B	Name of Person	
<u> </u>	st Coast-	Figh/Company	
_1915	- Calusa Ti	Cai (Address	
Micla	lleburg,	FL 32068 City/State and Zip Code OMCaSt. Nef I for future annual report notificati	····
crich	sutcher @C	omcast. Net	· · · · · · · · · · · · · · · · · · ·
For further information co			on)
		1904) 707-292 Trea Code Daytime Telephon	
Enclosed is a check for the	ne following amount:		
\$125.00 Filing Fee	\$130.00 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

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

Street 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:

(Must end wi	th the words "Limited Liability	Dical Fis	h, LLC C." or "LLC.")		
ARTICLE II - Address: The mailing address and street add					
<u>Principal</u>	Office Address:		Mailing Address	;	
1915 Calusa Middleburg	Trail FL 32068		Calusa Tr	FL320108	
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an act	annot serve as its own Registe			idual or	
The name and the Florida street ad	dress of the registered agent a	re:			
	Chris But	cher	······································		
	Name 1915 Calusa Ti Florida street address (P.O. I	rail	hla)		
			·		
•	Middlebury 1 ⁻ City St	tate	3 <u>2068</u> Zip		
daving been named as registered ag lace designated in this certificate, I i urther agree to comply with the prov m familiar with and accept the oblig	hereby accept the appointment isions of all statutes relating to ations of my position as regist	t as registered age the proper and co	nt and agree to act in t omplete performance d vided for in Chapter 60	his capacity. I f my duties, and I	
					<u>u</u>
	•	TINUED) age 1 of 2		15 JUN 15	SECRETARY VISION OF C
				PM 4	ORPCK,

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager AMBR	Heather Buther		
_	Middleburg, FL 320108		
AMBR	Chris Butcher 1915 Calusa Trail Middleburg, FL 32008		
			
····		<u> </u>	
			
f an effective date is listed, the date must be spec	of filing: (OPTIONAL) cific and cannot be more than five business days prior to o	or 90 days	after
RTICLE V: Effective date, if other than the date of an effective date is listed, the date must be specie date of filing.) Note: If the date inserted in this block does not me the document's effective date on the Department of	cific and cannot be more than five business days prior to of eet the applicable statutory filing requirements, this date wil	_	
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ARTICLE IV-

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