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COVER LETTER

SUBJECT: Name of Limited Liability Company		gistration S vision of Co	Section orporations			
Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing Please return all correspondence concerning this matter to the following: Robert Hole Name of Person Robert Hole LLC Firm/Company 1695 Trechaven Ct Address Wellington, Florida 33414 City/State and Zip Code RHOLE63@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: rOBERT hOLE at (CUDIFOT.		le LLC			
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Enclosed is a check for the following amount:	-	Nar			Daytime Telephon	e Number
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\$125.00 Filing Fee \$ \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	\$125.00 Fil	ing Fee		Certifie	d Copy	Certificate of Status &

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

(Must end with the words "Limited Liability Company, "L.L.C.," or "LI.C.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Robert Hole 1695 Trechavon Ct. Wellington, FI 33414 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 or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Robert Hole Name 1695 Trechavon Ct Florida street address (P.O. Box NOT acceptable) Wellington Florida 33414 City State Zip aving been named as registered agent and to accept service of process for the above stated limited liability company at the acceptance of the complete perificate. I hereby accept the appointment as registered agent and agree to act in this capacity, rether agree to comply with the provisions of all values relating to the proper and complete performance of my duttes, and mailliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent's Signature (REQUIRED)	Robert Hole LLC			
Principal Office Address: Robert Hole 1695 Treehava Ct. Wellington, Fl 33414 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 or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Robert Hole Name 1695 Treehaven Ct Florida street address (P.O. Box NOT acceptable) Wellington Florida City State Zip aving been named as registered agent and to accept service of process for the above stated limited liability company at the acceptance of the interpretation of the propriate of the proper and complete performance of my duties, and infamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.	(Must e	end with the words "Limited	d Liability Com	pany, "L.L.C.," or "LLC.")
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Page 1 of 2

ARTÍČLE IV-

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

"AMBR" = Author	ized Member	
"MGR" = Manager	,	
Robert Hole		
	1695 Treehaven Ct	
	Wellington Fl. 33414	
		
		
		,
(Use attachment if)		
ective date is listed,	e, if other than the date of filing: June 19, 2015R (OPTION , the date must be specific and cannot be more than five business days prior	
ective date is listed, of filing.) The date inserted in		r to or 90 day
ective date is listed, of filing.) 'the date inserted in ment's effective dat	, the date must be specific and cannot be more than five business days prior this block does not meet the applicable statutory filing requirements, this date on the Department of State's records.	r to or 90 day
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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)