L15000/09547

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phon	e #)
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T. SCOTT



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COVER LETTER

то:	Registration Section Division of Corporations		
SUBJE	ECT: The French	My Company ted Liability Company	
	Name of Limit	ted Liability Company	
The end	nclosed Articles of Organization and fee(s) are s	submitted for filing.	
Please 1	return all correspondence concerning this matt	er to the following:	
	Tod	d French Name of Person	
	The	Frenchy Company Firm/Company	
	syo Trinity LN. N.	Apt 2204 Address	
	Sant Peters burg City + French 1 @ ya E-mail address: (to be used for	y/State and Zip Code hos. Com	
or furthe	ner information concerning this matter, please c)
	Told French at (214) 449-309	<u> </u>
		a Code Daytime Telephone	
Enclose	ed is a check for the following amount:		
\$125.00	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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
Must end with the words "Limited"	y Comp	eny L.L.C.
(Must end with the words "Limited	d Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Lir	nited Liability Company is:
Principal Office Address:		Mailing Address:
540 Trinity LN. N. Apt Saint Petersburg, EL 33716	2204	(Same)
	d agent are: Venc Name	N. OT acceptable)
Saint Petersburg	FL	73716 Zip
City	State	Zip
laving been named as registered agent and to accept serve lace designated in this certificate, I hereby accept the app arther agree to comply with the provisions of all statutes re m familiar with and accept the obligations of my position	ointment as reg elating to the pr as registered as	istered agent and agree to act in this capacity. I oper and complete performance of my duties, and gent as provided for in Chapter 605, F.S
Regist	ered Agent's Si	gnature (REQUIRED)

(CONTINUED)

Page 1 of 2

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Title: "AMBR" = Authorized "MGR" = Manager	Member	Name and Address:
ective date is listed, the of filing.)	her than the date of filing: late must be specific and	d cannot be more than five business days prior to or 90 d
EV: Effective date, if of ective date is listed, the coffiling.) If the date inserted in this ment's effective date on	her than the date of filing: late must be specific and block does not meet the a the Department of State's	d cannot be more than five business days prior to or 90 days prior
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