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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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SECRETARY OF STATE
STORY OF CORPORATIONS

JUL 0 7 2015

T SCHROEDER

# **COVER LETTER**

	Registration Division of C			
SUBJECT	St. Augus	stine Waxi LLC		
SUBJEC	I •	Name of Li	mited Liability Company	
The enclo	sed Articles o	of Organization and fee(s) a	re submitted for filing.	
Please retu	ırn all corres	pondence concerning this m	natter to the following:	
	Anthony Fo	ournier		
			Name of Person	
	St. Augusti	ne Waxi LLC		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	2761 Harbo	or Court		
			Address	
	St. Augusti	ne, FL 32084		
	<del> </del>		City/State and Zip Code ·	
	A.AFournier	@yahoo.com		
		E-mail address: (to be used	d for future annual report notifica	ation)
For further	information c	oncerning this matter, pleas	se call:	
	Anthony Fo	ournier 9 at (	04 347-6659	
	Na		Area Code Daytime Telepho	ne Number
Enclosed i	s a check for	the following amount:	i	
\$125.00 F	iling 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)
	3.5 ***		C/ // 11	

## **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

The name of the Limited Liability Company is:  St. Augustine Waxi LLC	
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
St Augustine Waxi LLC	St. Augustine Waxi LLC
2761 Harbor Court	2761 Harbor Court
St. Augustine, FL 32084	St. Augustine, FL 32084
RTICLE III - Registered Agent, Registered Office, & Ro The Limited Liability Company cannot serve as its own Regionother business entity with an active Florida registration.)	
he name and the Florida street address of the registered ager	nt are;

Name

2761 Harbor Court

Florida street address (P.O. Box NOT acceptable)

St. Augustine FL 32084

City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

IVISION OF CORPORATIONS

Title:	Name and Address:
'AMBR" = Authorized Member 'MGR" = Manager	
AMBR	Anthony Fournier
	2761 Harbor Court
	St. Augustine FL 32084
CV: Effective date, if other than the date tive date is listed, the date must be so filling.)	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the dat ctive date is listed, the date must be s filing.) the date inserted in this block does not	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90  meet the applicable statutory filing requirements, this date will not
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