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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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# COVER LETTER

TO: Registration Section Division of Corporations	4 <b>4</b>	
SUBJECT: Affordable Name of Lin	nited Liability Company	<u>C</u>
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Taska Pa	Name of Person	
	Firm/Company	
1515 Paul R	Address (C) +	±10
- lallahossel,	Alviolo 322 ( City/State and Zip Code	01
Affice uphos cor E-mail address: (to be use	d for future annual report notifica	ition)
For further information concerning this matter, ple	ase call:	
Name of Person	Area Code Daytime Te	199 Dephone Number
Enclosed is a check for the following amount:		
□\$125.00 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	Street/Courier Add	ress

Mailing 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

AR	TI	CI	.F. 1	í . ˈ	Nα	me	٠.

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability 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:

942 Copital Cir. #L27

515 Paul

1515 Paul Russewed #17

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:

Nan

ISIS POUL RUSSELL Ed. H)

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

City 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

ANIBR" = Authorized Member	Name and Address:
AMBR" = Authorized Member MGR" = Manager	
	mar. Toda torker
	ISIS HOW RUSELL ROLLE()
	111111111111111111111111111111111111111
V: Effective date, if other than	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or
Use attachment if necessary)  EV: Effective date, if other than ctive date is listed, the date must filling.)  EVI: Other provisions, if any.	the date of filing: (OPTIONAL) ast be specific and cannot be more than five business days prior to or
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