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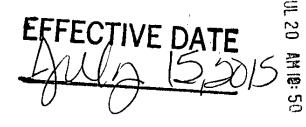
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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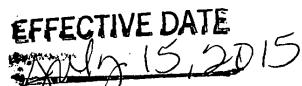
JUL 27 2015

I ALBRITTON

COVER LETTER

3

TO: I	Registration Section Division of Corporations
SUBJEC	Agency 44, LLC
SUBJEC	Name of Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this matter to the following:
	Zoltan J. Polgar
	Name of Person
	Agency 44, LLC
	Firm/Company
	8478 NW 7th Street
	Address
	Coral Springs, FL. 33071
	City/State and Zip Code zpolgar@bellsouth.net
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Zoltan J. Polgar 954 344-3902
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
S125.00 F	Filing Fee S130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed)
	Mailing Address • Street Address New Filing Section New Filing Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301



ARTICLES OF ORGANIZATION FOR FILORIDA LIMITOZO LIABILITY COMPANY

A	RTI	CI	\mathbf{F}	I - 3	ian	ıe.

The name of the Limited Liability Company is:

Agency 44, LLC	
(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:

City

<u>Pr</u>	incipal Office Address:		Mailing Address:
8478 NW 7th 5	Street	8478	3 NW 7th Street
Coral Springs, I	FL. 33071	Cora	al Springs, FL, 33071
•	h an active Florida registration treet address of the registered a Jennifer R. Polgar		
		Name	
	8478 NW 7th Street		
	Florida street address	(P.O. Box <u>NOT</u> a	cceptable)

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..

State

Zip

(CONTINUED)

Page 1 of 2

	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager MGR	Zoltan J. Polgar
VICIN	8478 NW 7th Street
	Coral Springs,FL. 33071
AMBR	Jennifer R. Polgar
	8478 NW 7th Street
	Coral Springs, FL. 33071
	
filing.)	ific and cannot be more than five business days prior to or 90 of the applicable statutory filing requirements, this date will not be
ent's effective date on the Department of VI: Other provisions, if any.	State's records.
•	State's records.
VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed I am aware that any false in	ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State close as provided for in \$817.165, F.S.