## 191621000917

| (Requ                      | iestor's Name) |             |
|----------------------------|----------------|-------------|
| (Addr                      | ess)           |             |
| (Addr                      | ess)           |             |
| (City/                     | State/Zip/Phon | e #)        |
| PICK-UP                    | ☐ WAIT         | MAIL        |
| (Busi                      | ness Entity Na | me)         |
| (Docı                      | ıment Number   | )           |
| Certified Copies           | Certificate    | s of Status |
| Special Instructions to Fi | ling Officer:  |             |
|                            |                |             |
|                            |                |             |
|                            |                |             |

Office Use Only



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2015 JUL 27 AM 9: 59
SECRETARY OF STATE

JUL 3 0 2015

## COVER LETTER

| TO: F       | tegistration Section<br>Division of Corporations   |                     |  |
|-------------|--|---------------------|--|
| cun iec     | FROM HEAD TO TOE   |                     |  |
| SUBJECT     | Name   | of Limited Liabil   | ity Company  |
| The enclo   | sed Articles of Organization and fee   | e(s) are submitted  | for filing.  |
| Please reti | arn all correspondence concerning t  | his matter to the 1 | ollowing:  |
|             | RONALD SLACK   |                     |  |
|             |  | Name of             | Person   |
|             | FROM HEAD TO TOE   |                     |  |
|             |  | . Firm/Co           | mpány  |
|             | 10741 FAIRMONT VILLAGE E   | )R                  |  |
|             |  | Addr                | ess  |
|             | LAKE WORTH FL 33449  |                     |  |
|             | JNSLACK9@GMAIL.COM   | City/State an       | d Zip Code   |
|             | E-mail address: (to be   | used for future a   | unnual report notification)  |
| For further | information concerning this matter,  | please call:        |  |
|             | RONALD   | 561<br>at (         | 568-6960   |
|             | Name of Person   | Area Code           | Daytime Telephone Number   |
| Enclosed    | is a check for the following amount  | :                   |  |
| \$125.00 F  |  | e &\$155.0          | 90 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)                      |
|             | Mailing Address  New Filing Section  Division of Corporations P.O. Box 6327  Tallahassee, FL 32314 |                     | Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

| * · · •  |  |   |
|--|--|---|
| ARTICLES OF ORGANIZATION FOR E   | LORIDA LIMITED LIABILITY COME  | C.")  20/5 JUL 27  TALLAHASSEE, FLORIDA  VIS. |
| ARTICLE I - Name:  |  | 2015  |
| The name of the Limited Liability Company is:  |  | " JUL 27"                                     |
|  |  | TNECRE- AM                                    |
| FROM HEAD TO TOE LLC.  |  | SILLAHAAAY 9.50                               |
| (Must end with the words "Limited  | Liability Company, "L.L.C.," or "LL  | C.")  |
| ADDICI E II A January  |  | LONG  |
| ARTICLE II - Address:<br>The mailing address and street address of the principal of  | fice of the Limited Liability Compan   | vis:  |
| part of the part o | med at the annual and annual a | ,   |
| Principal Office Address:  | <u>Mailing</u>   | g Address;                                    |
| 10741 FAIRMONT VILLAGE DR  | SAME   |   |
| LAKE WORTH, FL 33449   |  |   |
|  |  |   |
| ARTICLE III - Registered Agent, Registered Office, &<br>(The Limited Liability Company cannot serve as its own another business entity with an active Florida registration   | Registered Agent. You must designate   | e an individual or                            |
| The name and the Florida street address of the registered  | agent are:   |   |
| RONALD SLACK   |  |   |
|  | Name   |   |
| 107 FAIRMONT VIL   | LAGE DR  |   |
| Florida street address   | (P.O. Box NOT acceptable)  |   |

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  $am\, familiar\, with\, and\, accept\, the\, obligations\, of\, my\, position\, as\, registered\, agent\, as\, provided\, for\, in\, Chapter\, 605, F.S..$ 

FL

State

LAKE WORTH

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

33449

Zip

Page 1 of 2

| <u>itle:</u>   | Name and Address:  |
|--|--|
| AMBR" = Authorized Member  |  |
| MGR" = Manager   |  |
| MBR  | JOAN SLACK   |
|  | 10741 FAIRMONT VILLAGE DR  |
|  | LAKE WORTH FL 33449  |
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| V: Effective date, if other than the date tive date is listed, the date must be sp filing.)  | of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90   |
| ctive date is listed, the date must be sp<br>filing.)<br>the date inserted in this block does not n<br>ent's effective date on the Department  | ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not   |
| V: Effective date, if other than the date tive date is listed, the date must be sp filing.) the date inserted in this block does not ment's effective date on the Department VI: Other provisions, if any.   | ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not   |
| V: Effective date, if other than the date tive date is listed, the date must be sp filing.) the date inserted in this block does not ment's effective date on the Department VI: Other provisions, if any.   | neet the applicable statutory filing requirements, this date will not of State's records.  |
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| V: Effective date, if other than the date extive date is listed, the date must be specifiling.)  the date inserted in this block does not ment's effective date on the Department evil: Other provisions, if any.  Signature of a ment of this document is executed a may a may be a may false constitutes a third degree.   | ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not of State's records.  Such a such a such or in the second of the |
| V: Effective date, if other than the date tive date is listed, the date must be sp filing.) the date inserted in this block does not ment's effective date on the Department. VI: Other provisions, if any.  EFOURED SIGNATURE:    Signature of a ment of the document is executed a may aware that any false.   | ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not of State's records.  Such a such a such or in the second of the |
| V: Effective date, if other than the date tive date is listed, the date must be sp filing.) ne date inserted in this block does not ment's effective date on the Department VI: Other provisions, if any.  EFOURED SIGNATURE:  Signature of a me This document is execu I am aware that any false constitutes a third degree   | ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not of State's records.  Such  ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.   |

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