# L15000129684

(Re	questor's Name)	<del></del>		
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only

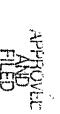


600275401156

07/28/15--01017--001 \*\*160.00

SECRETARY OF SIME

15 JUL 28 AH II:





# **COVER LETTER**

	ration Section on of Corporations		
SUBJECT:	UAVO	PS LL	2
	Name of Li	imited Liability Company	
The enclosed A	rticles of Organization and fee(s) a	are submitted for filing.	
Please return all	correspondence concerning this n	natter to the following:	
	P 1 1 1 5 -	( -	
<u></u>	Rodd Se	Name of Person	
	UAV 07	PS LLC	
		Firm/Company	
	1951-2	N Military Address	trail
		9	
	West tala	City/State and Zip Code	L 33409
	rodd 29	a hot was	L. con
For further inform	nation concerning this matter, pleas	•	ition)
Rodad	Seluan at (	7(8) 791- Area Code Daytime Telepho	ne Number
Enclosed is a ch	eck for the following amount:		
\$125.00 Filing F	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 New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address  New Filing Section  Division of Corpora  Clifton Building  2661 Executive Cen  Tallahassee, FL 323	ter Circle

850-245.6000



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

15 JUL 28 AH 11:09

SECRETARY OF STATE WILLAHASSEE FLORIDA

**Mailing Address:** 

### **ARTICLE I - Name:**

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:

1951-D N Militare Trail 1951-D NMilitare Trail
West Palu Beach FL 33409 West Palu Beach FL 33409

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:

**Principal Office Address:** 

Rodd Selman

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

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

ARTICLE IV- The name and address of each person autho	rized to manage and control the L	imited Liability Company: 11: 09
Title: "AMBR" = Authorized Member	Name and Address:	SECHETARY OF STATE FALLAHASSEE FLORIDA
"MGR" = Manager	Rodd Selm 3974 w Han west Palm B	each FL 3344
ANBR	Mark Prince 3974 W Haw West Palm B.	
AMBR	Julia Jac 501 miraso Celebration	bin of Co-de ste 422 FL 34747
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the date of a (If an effective date is listed, the date must be specified the date of filing.)  Note: If the date inserted in this block does not meet the document's effective date on the Department of S	ic and cannot be more than five the applicable statutory filing rec	business days prior to or 90 days after
ARTICLE VI: Other provisions, if any.	in under all ap	plicable Florida laws
processed other parti	ent products on	L services
REQUIRED SIGNATURE:	<b>,</b>	
This document is executed in a market any false inf	er or an authorized representation accordance with section 605.02 formation submitted in a documentory as provided for in s.817.155,	03 (1) (b), Florida Statutes. t to the Department of State
Pala	1 Selman	

Typed or printed name of signee

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Co. 1)

\$ 5.00 Certificate of Status (Optional)