## L15000129918

<u> </u>	Requestor's Name)
(/	Address)
- (/	Address)
(	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(1	Business Entity Name)
(I	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
<u> </u>	

Office Use Only



600274276026

600274276026 07/20/15--01042--004 \*\*130.00

SECRETARY OF STATE

John 1/3

## COVER LETTER

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:				
(Must end wi	Step John		or "LLC."		
ARTICLE II - Address: The mailing address and street add					
Principal	Office Address:	<u>1</u>	Mailing Address:		
Boca Roston Florida 3343	D. Suite 204	Same			•
ARTICLE III - Registered Agent (The Limited Liability Company canother business entity with an act	annot serve as its own Registere	ered Agent's Signatu ed Agent. You must de	are: esignate an individual or	s s	ا المهار دن
The name and the Florida street add	dress of the registered agent are	Johnson	ÄHÄS SEE.	JUN 20 PM	Company of the Compan
	202 Jamets RD Florida street address (P.O. Bo	Sulta 204 DX NOT acceptable)	FLORID*	2:11	(Second )
- laving been named as registered age	City State	•	•	the	

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..

(egistered agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:  "AMBR" = Authorized Member  "MGR" = Manager	Stephen Johnson 222 /gmento AD Sente 204
	150 (9' Keyton F1. 35 45)
<del></del>	
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
FICLE V: Effective date, if other than the dain effective date is listed, the date must be s date of filing.)	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 da
TICLE V: Effective date, if other than the date on effective date is listed, the date must be so date of filing.)  te: If the date inserted in this block does not	specific and cannot be more than five business days prior to or 90 da meet the applicable statutory filing requirements, this date will not be
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\$ 5.00 Certificate of Status (Optional)