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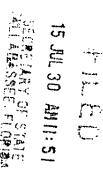
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 556 Holdings, LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Gray
Name of Person
Firm/Company
771 W. Whitmire Dr Address
Address
Melbourne, FL 32935 City/State and Zip Code mgrayegmx.com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
mgrayegmx.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Gray at 407 616-3008 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \} \$155.00 Filing Fee & \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \} \$160.00 Filing Fee, \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \}
Mailing Address New Filing Section Street Address New Filing Section

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

The mailing address and street address of the principal office of the Limited Liability Company is:

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
Melbonrac, KL 32935	Melborine, FL
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	
Mich.	name 6 (ay
771 W. Wh.	tmire Dr
Florida street address	(P.O. Box NOT acceptable)
Melbourne	FL 32535 State Zip
City	State Zip
place designated in this certificate, I hereby accept the appo	re of process for the above stated limited liability company at the intment as registered agent and agree to act in this capacity. I lating to the proper and complete performance of my duties, and I is registered agent as provided for in Chapter 605, F.S

Page 1 of 2

(CONTINUED)

Registered Agent's Signature (REQUIRED)

15 JUL 30 AMIL: 51

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Scott Schnetz
	705 Phesta Oel Sol Plaza
	Indialantic, FL 32903
AMRR	M-1 1 Class
AMBR	771 W. Whitmine Dr
	Melbonine, FL 32935
AMBR	• · · · · · · · · · · · · · · · · · · ·
AMBK	Tina Scarlsbrick
	771 W. Whitmile Dr
	Melfonine, FL 32935
(Use attachment if necessary)	
•	filing: $\frac{7/27/15}{}$. (OPTIONAL)
nent's effective date on the Department of	t the applicable statutory filing requirements, this date will no State's records.
•	
•	
E VI: Other provisions, if any. REQUIRED SIGNATURE:	1 M
E VI: Other provisions, if any. REOUIRED SIGNATURE:	1 M
REOUIRED SIGNATURE: Signature of a memb	Der or an authorized representative of a member.
REOUIRED SIGNATURE: Signature of a memb This document is executed I am aware that any false in	in accordance with section 605.0203 (1) (b), Florida Statutes formation submitted in a document to the Department of State
REOUIRED SIGNATURE: Signature of a memb This document is executed I am aware that any false in constitutes a third degree fe	in accordance with section 605.0203 (1) (b), Florida Statutes formation submitted in a document to the Department of Statellony as provided for in s.817.155, F.S.
REOUIRED SIGNATURE: Signature of a memb This document is executed I am aware that any false in constitutes a third degree fe	in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of Statellony as provided for in s.817.155, F.S.
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REOURED SIGNATURE: Signature of a membre This document is executed I am aware that any false in constitutes a third degree fe	in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S. Fyped or printed name of signee Filing Fees:
Signature of a member This document is executed I am aware that any false in constitutes a third degree fee.	in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S. Fyped or printed name of signee
REOURED SIGNATURE: Signature of a membre This document is executed I am aware that any false in constitutes a third degree fe	in accordance with section 605.0203 (1) (b), Florida Statutes formation submitted in a document to the Department of Statistion as provided for in s.817.155, F.S. Figure 1.5 Congression of Signee Filing Fees: Sization and Designation of Registered Agent

Page 2 of 2