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(R	equestor's Name)	
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15 SEP -3 PM 2: 25

SECRETARY OF STAIL DIVISION OF CORPORALIONS

L 09/15/15

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 21435 SW85 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:
Jean Marc Meunier Name of Person
STU Realty UC
1500 Bry Road Unit 568
Miani Baad Fl 33139.  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status (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 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.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:  My Rool C SM: Rool C SM: Rool C SM:

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jean	Marc	Meur	vier	
	Name			
	Bay	Road	ant	568
Florida street ac	idress (P.O.B	ox <u>NOT</u> accept	able)	
- Mià	mi Be	od, F	3313	<u></u> ξ9
City	Sta	ate	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

15 SEP - 2 PM 2: 95

Title: "AMBR" = Authorized Member "MGR" = Manager	Tean Mar Maynes (MGR)
	Man Beach FC 33139
(Use attachment if necessary)	
TICLE V: Effective date, if other than the data an effective date is listed, the date must be date of filing.)	
TICLE V: Effective date, if other than the date an effective date is listed, the date must be date of filing.)  ite: If the date inserted in this block does not document's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be lister
TICLE V: Effective date, if other than the data an effective date is listed, the date must be date of filing.)	specific and cannot be more than five business days prior to or 90 days aft of meet the applicable statutory filing requirements, this date will not be listed
ATICLE V: Effective date, if other than the date an effective date is listed, the date must be a date of filing.)  ote: If the date inserted in this block does note document's effective date on the Department of the date of the Department of the	member or an authorized representative of a member.  ceuted in accordance with section 605.0203 (1) (b), Florida Statutes.  alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
TICLE V: Effective date, if other than the date an effective date is listed, the date must be a date of filing.)  In the date inserted in this block does not a document's effective date on the Department.  TICLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a This document is exell am aware that any faconstitutes a third degree of the date of th	member or an authorized representative of a member.  cuted in accordance with section 605.0203 (1) (b), Florida Statutes.  alse information submitted in a document to the Department of State

ARTICLE IV-