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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

	egistration Section ivision of Corporations
SUBJECT	
	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	rn all correspondence concerning this matter to the following:
	Shari Dickstein
	Name of Person
	Firm/Company
	2400 Al Drivarcity Drive Classe
	2400 N. University Drive Ste 206  Address  Pembroke Pines, FL 33024  City/State and Zip Code  Sharidickstein 45@comcast. net
	0. 1 110 0: 51
	rembroke Fines, FC 33024
	Shuridicuste: 450 come ast net
_	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	Shari DickStein 954 608-2496  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 Fi	ling Fee Certificate of Status Status Status Certified Copy (additional copy is enclosed) Status Certified Copy (additional copy is enclosed)
	/ Mailing Address Street Address
	New Filing Section Division of Corporations  New Filing Section Division of Corporations
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
	Tallahassee, FL 32314  Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Exact Books	LLC.	
(Must end with the words "Limited Liability Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limite	d Liability Company is:	
Principal Office Address:	Mailing Address:	
2400 W. University Drive Ste 206 Pembroke Pines, FL 33024	SAME	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent. (The Limited Liability Company cannot serve as its own Registered Agent. another business entity with an active Florida registration.)		al or
The name and the Florida street address of the registered agent are:		
Name  3400 N. Unive  Florida street address (P.O. Box NOT	Stein	
Name		C 1/2 70/
2400 N Unive	1851 ty DYIVE .	Just 206
Florida street address (P.O. Box NOT	acceptable)	
Pembroke Pines,	FL 33024	
City State	Zip	
Having been named as registered agent and to accept service of process for the place designated in this certificate. I hereby accept the appointment as registefurther agree to comply with the provisions of all statutes relating to the proposition as registered agent and familiar with and accept the obligations of my position as registered agent.  Registered Agent's Signal	ered agent and agree to act in this er and complete performance of n t as provided for in Chapter 605,	capacity. I ny duties, and I
(CONTINUED	)	
Page 1 of 2		To Oil
		SEP 10 FM B:

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
President	Shari Dickstein 2400 N. University Drive Suite 206, Pembrou Pines, FL 3
(Use attachment if necessary)  LE V: Effective date, if other than the date	· · · · · · · · · · · · · · · · · · ·
LEV: Effective date, if other than the date fective date is listed, the date must be sp of filing.)	ecific and cannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) If the date inserted in this block does not ument's effective date on the Department	ecific and cannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be
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LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.)  If the date inserted in this block does not nument's effective date on the Department  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me This document is execular any fals	meet the applicable statutory filing requirements, this date will not be of State's records.  The state of a member of a membe

ARTICLE IV-