L15000171280

(Req	uestor's Name)	
(Add	ress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(1)	imaaa Makku klau	
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
(500	ament Namber)	
Certified Copies	Certificates	of Status
Cu i - l iu - t t 5		<u> </u>
Special Instructions to F	ming Officer:	
:		
1		



500277702595

10/05/15--01028--013 **130.00

15 OCT -5 PM 12: 26

SECRETARY OF STATE TALLAHASSEE, FLORIBA

10/0

ch

Office Use Only

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	Company is:			
7777 STATE ROAD				
(Must end w	ith the words "Limited Li	ability Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal offic	e of the Limite	ed Liability Company is:	
<u>Principa</u>	Office Address:		Mailing Address:	
1601 N. PALM AVE.	SUITE 310C	SA	ME	
				
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	annot serve as its own Re	gistered Agent	ent's Signature: You must designate an individual or	r
The name and the Florida street ac	ddress of the registered ag	ent are:		SEUR TALLA
	DONALD L. EISENBE	RG, CPA		87 AG
	N	lame	1.400	5 SA
	1601 N. PALM AVE., S	SUITE 310C		क विवर्ध
	Florida street address (F	P.O. Box NOT	acceptable)	4.5: P. 10 13:41
	PEMBROKE PINES	FL	33026	28 電訊
	City	State	Zip	9 , 5 ,

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)

Page 1 of 2

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Me	nber
"MGR" = Manager	CADDIEL DIODVO
AMBR	GABRIEL PIORKO 2 JENNIFER LANE
	CHURCHVILLE, PA 18966-1161
	<u> </u>
(Use attachment if necessa	Λ
ective date is listed, the da of filing.)	than the date of filing: OCTOBER 2, 2015 (OPTIONAL) e must be specific and cannot be more than five business days prior to or 9 ck does not meet the applicable statutory filing requirements, this date will no
E V: Effective date, if othe ective date is listed, the da of filing.) The date inserted in this blooms.	than the date of filing: OCTOBER 2, 2015 (OPTIONAL) e must be specific and cannot be more than five business days prior to or 9 ck does not meet the applicable statutory filing requirements, this date will not Department of State's records.
E V: Effective date, if other ective date is listed, the date of filing.) The date inserted in this blument's effective date on the E VI: Other provisions, if a	than the date of filing: OCTOBER 2, 2015 (OPTIONAL) e must be specific and cannot be more than five business days prior to or 9 ck does not meet the applicable statutory filing requirements, this date will not Department of State's records. y.
E V: Effective date, if other ective date is listed, the date of filing.) The date inserted in this blument's effective date on the E VI: Other provisions, if a REQUIRED SIGNATURE Signature of the date of the signature of th	than the date of filing: OCTOBER 2, 2015 (OPTIONAL) e must be specific and cannot be more than five business days prior to or 9 ck does not meet the applicable statutory filing requirements, this date will not be partment of State's records. y. E: ture of a member or an authorized representative of a member. ent is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
E V: Effective date, if other ective date is listed, the date of filing.) The date inserted in this blument's effective date on the E VI: Other provisions, if a Sign This docur I am award constitutes	than the date of filing: OCTOBER 2, 2015 (OPTIONAL) e must be specific and cannot be more than five business days prior to or 9 ck does not meet the applicable statutory filing requirements, this date will not be department of State's records. y. E: ture of a member or an authorized representative of a member. ent is executed in accordance with section 605.0203 (1) (b), Florida Statutes, that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S. NALD L EISENBERG
E V: Effective date, if other ective date is listed, the date of filing.) The date inserted in this blument's effective date on the E VI: Other provisions, if a Sign This docur I am award constitutes	than the date of filing: OCTOBER 2, 2015 (OPTIONAL) e must be specific and cannot be more than five business days prior to or 9 ck does not meet the applicable statutory filing requirements, this date will not be determined by the content of State's records. g. E: ture of a member or an authorized representative of a member. ent is executed in accordance with section 605.0203 (1) (b), Florida Statutes, that any false information submitted in a document to the Department of State at third degree felony as provided for in s.817.155, F.S.