# L15000190117

(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

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#### COVER LETTER

TO: Registration  Division of C			
SUBJECT:	alleys Re	model LLC nited Liability Company	<i>,</i>
The analoged Articles	of Organization and fee(s) ar	a submitted for filing	se si e e e e e e e e e e e e e e e e e
	pondence concerning this ma	· · · · ·	
ricase return an corres	pondence concerning ans ma	titler to the following.	
<u> </u>	aul Wille	am Harley	·
		Name of Person	
<u> </u>	allys Ren	nodel LLC Firm/Company	
_	<b>0</b> : 1	1 title Company	
_20	107 Sta	rry St	
^		Address	
()r	lando t	L 32833	
Ω	1 1 01 0	ity/State and Zip Code	· ( .
	rul- haile	11959 @ gm	
		for future annual report notification	on)
For further information c	oncerning this matter, please	e call:	
Paul	U. Harley at (	407, 832-19	97
Na	me of Person A	rea Code Daytime Telephone	Number
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy

# **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

(additional copy is enclosed)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	ŢI	IC	L	Е	ľ	-	N	a	me:	
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The name of the Limited Liability Company is:

Limited Liability Company, "L.L.C.,

#### **ARTICLE II - Address:**

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

Principal Office Address:	Mailing Address:		
20107 Starry St	Same		
Orlando FC 32833			

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

acceptable)

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..

(CONTINUED)

Page 1 of 2

A DIDECT DAY	APPROVEL
ARTICLE IV- The name and address of each person authorized  Title:	to manage and control the Limited Liability Company:  Name and Address:  15 NOV -5 PM 3: 08
"AMBR" = Authorized Member "MGR" = Manager	SECRETARY OF STATE TALLAHASSEE FLORIDA
- NON	
(Use attachment if necessary)	
the date of filing.)	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
This document is executed in acc I am aware that any false informations a third degree felony and the second secon	an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. ution submitted in a document to the Department of State as provided for in s.817.155, F.S.

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)