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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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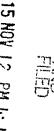
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SECRETARY OF STATE





COVER LETTER

¥.	TO:	Registration Section Division of Corporations					
	SUBJEC	We Find Missing Money, LLC					
	SOBJEC	Name of Limited Liability Company					
	The encl	osed Articles of Organization and fee(s) are submitted for filing.					
	Please re	turn all correspondence concerning this matter to the following:					
		Edwin S. Goepper					
		Name of Person					
		Firm/Company					
		10550 Amiata Way #201					
		Address					
		Fort Myers, FL 33913					
	City/State and Zip Code win.goepper@wefindmissingmoney.org						
E-mail address: (to be used for future annual report notification)							
	For furthe	r information concerning this matter, please call:					
		at ()					
		Name of Person Area Code Daytime Telephone Number					
	Enclose	d is a check for the following amount:					
	\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
		Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICLE I - Name:

The name of the Limited Liability Company is:

15 NOV 12 PM 4: 18

				12 HON 15 PH
We Find Missing Mo				SECRETARY (16)
(Must end	with the words "Limited	Liability Cor	npany, "L.L.C.," or "LLC.")	SECRETARY OF S TALLAHASSEE FLA
ARTICLE II - Address: The mailing address and street ad	ddress of the principal of	ffice of the Li	mited Liability Company is:	
Princip	al Office Address:		Mailing Add	res <u>s</u> :
10550 Amiata Way # Fort Myers, FL 3391			10550 Amiata Way #201 Fort Myers, FL 33913	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered A		dividual or
The name and the Florida street	address of the registered	l agent are:		
	Edwin S. Goepper			
		Name		
	10550 Amiata Way #			
	Florida street address	s (P.O. Box 🛚	OT acceptable)	
	Fort Myers, FL 33917	3	·	
	City	State	Zip	
Having been named as registered or place designated in this certificate, further agree to comply with the plant am familiar with and accept the ob	, I hereby accept the apport rovisions of all statutes re oligations of my position	ointment as re elating to the p as registered o	gistered agent and agree to act proper and complete performan	t in this capacity. Ince of my duties, and I

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

	ARTICLE IV-						
	The name and address of each person aut	d Liability Compa	ıny:				
•	•		15 NOV 12	PM 1. 19			
	Title:	Name and Address:	10110172	111 4.10			
	"AMBR" = Authorized Member		Emontant and				
	"MGR" = Manager		OEUPE IAM	UF STATE			
	Mgr	Edwin S. Goepper	MULAHASSE	: FLORIDA			
		10550 Amiata Way #201					
	AMBR	Luz M. Goenner					
	AWDK						
		Port Myers, TE 33713					
							
•							
				 _ _			
	(Use attachment if necessary)						
	(Obe anathment in neversually)						
ARTICI	F.V. Effective date if other than the date	of filing:	IAKOITGO)	Y			
AK LIÇI	feative data is listed the data must be an	saific and connect be more than five busi	noce days prior to	/ or OA dove of			
		ecule and cannot be more man tive busi	ness uays prior n	ot so days at			
ine date	Of filing.)	was the analysis at the state of the same same	amanta thia data s	vill not be lists			
Note:	t the date inserted in this block does not r	neet the applicable statutory ining require	ements, this date v	vill not be liste			
the docu	iment's effective date on the Department	of State's records.					
ADTICI	E VI. Other previous if one						
AKTICI	LE VI: Other provisions, if any.						
	The name and address of each person authorized to manage and control the Limited Liability Company: Title: "AMBR" = Authorized Member "MGR" = Manager Mar SECRETARY UF STATE VALLAHASSEE FLORIDA 10550 Amiata Way #201 Fort Myers, FL 33913						
	ς	1 1 1					
	Signature of a member or an authorized representative of a member.						
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.							
		e information submitted in a document to		? State			
	constitutes a third degre	e felony as provided for in s.817.155, F.S					

Typed or printed name of signee

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)

Edwin S. Goepper