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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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EFFECTIVE DATE <u>61/01/16</u>

12/17/15

COVER LETTER

	vision of Corporations
SUBJECT:	Making All the Right Connections, LLC
SUBJECT	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Sandra L. Eveleth
	Name of Person
	Making All the Right Connections, LLC
	Firm/Company
	9360 Alamander Court, #503
	Address
	Fort Myers, FL 33919
N	City/State and Zip Code Making ALL the Right Connections @gmail.com
_	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
:	Sandra L. Eveleth 239 691-2707
-	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fil	ing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$\text{\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\text{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$
	Mailing Address Street Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

pility Company, "L.L.C.," or "LLC.")
of the Limited Liability Company is:
Mailing Address:
9360 Alamander Court, #503
Fort Myers, FL 33919

The name and the Florida street address of the registered agent are:

Sandra L. Eveleth Name 9360 Alamander Court, #503 Florida street address (P.O. Box NOT acceptable) 33919 Fort Myers FL Zip City State

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

Typed or printed name of signee

Filing Fees:

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certifled Copy (Optional)

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 5.00 Certificate of Status (Optional)

Sandra L. Eveleth

ARTICLE IV-

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