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## **COVER LETTER**

10: Registration Section Division of Corporations	
SUBJECT: heury Ve	of Limited Liability Company
The enclosed Articles of Organization and fed	e(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
	/
	Name of Person
	Name of Person
- Keinn	Velasquez Bail Bouch LLC Firm/Company
1	025 E. main St Address
Enr	tau ()-1 33830
E-mail address: (to be	City/State and Zip Code  City/State and Zip Code  Chemy 0575 (a) smail. Cam  e used for future annual report notification)
For further information concerning this matter,	
Ken Velazerez Z Name of Person	at ( <u>301</u> ) <u>275 5372</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount	:
\$125.00 Filing Fee S130.00 Filing Fee Certificate of State	e & \$155.00 Filing Fee & \$160.00 Filing Fee, us Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	New Filing Section
Division of Corporations P.O. Box 6327	Division of Corporations Clitton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

,				
ARTICLE I - Name: The name of the Limited Liability Company is:				
(Must end with the words "Limited I	Liability Compa	and Souds	LLC	
		,	,	
ARTICLE II - Address: The mailing address and street address of the principal of	tice of the Limit	ed Liability Company is:	:	
Principal Office Address:		Mailing Ac	ddress:	
1025 E main St Fartow (F) 33870		5621 Rayal Cunter how	Hills Dr ven Fl	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration	Registered Agen		individual or	
The name and the Florida street address of the registered a				
V	1/2011	. 7		
- Manuel	Velasyye Name	<i>i</i> C		
Florida street address	E mai	ist	-	
_ ( Bartay)	State	33830	_	
City	State	Zip		
laving been named as registered agent and to accept servic lace designated in this certificate. I hereby accept the appoi urther agree to comply with the provisions of all statutes rel m familiar with and accept the obligations of my position a.	intment as regisi ating to the prop	ered agent and agree to c per and complete perform	act in this capacity. I name of my duties, and I	
<u> </u>				
Regimen	red Agent's Sign	nature (REQUIRED)	_	
	(CONTINUE!	<b>D</b> )		
	Page i of 2		15 DEC 8-6% ALL ANA	وراجعه
			April 180	TTOMON.
			<u> </u>	<u> </u>
			Total	T
,				

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
owner	Henry Velasymes 1025 Emain SF Barlow -1 35831
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	
CLE V: Effective date, if other than the	e date of filing:
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.)  If the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be li
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.)  If the date inserted in this block does becoment's effective date on the Depart.	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be li
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.)  If the date inserted in this block does becoment's effective date on the Depart.  CLE VI: Other provisions, if any.  REOUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be liment of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must lite of filing.)  If the date inserted in this block does becoment's effective date on the Depart.  CLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of This document is a lam aware that any	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be li