## L/5.000 3/34/73

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to Filing Officer:		
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18 DEC 16 PH 5: 12

EFFECTIVE DATE

DEC 3 0 2015: S. GILBERT

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 101 SOMBRERO Name of Limited Liability Company	LLC
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JEFFREY J. NE	WHOUSE
Firm/Company	
1043 LABAT LANE	
CUDJOE KEY FL City/State and Zip Code Newie 9 511verstar E-mail address: (to be used for future annual report re	
For further information concerning this matter, please call:	
JEFFREY J NEWHOUSE 307 413  Name of Person Area Code Daytime T	- 4004 elephone Number
Enclosed is a check for the following amount:  \$\frac{130.00 \text{ Filing Fee}}{\text{Certificate of Status}} = \frac{155.00 \text{ Filing Fee}}{\text{Certified Copy}} \text{(additional copy is enclosed)}	Certificate of Status &
Mailing Address Street Addre	<u>ss</u> .

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 L	IMITED LIABILITY COMPANY FEFECTIVE DATE
ARTICLE I - Name: The name of the Limited Liability Company is:	FILED
101 SOMBRERO	
(Must end with the words "Limited Liability C  ARTICLE II - Address: The mailing address and street address of the principal office of the	ALLAMASSER, FLORIDA
Principal Office Address:	Mailing Address:
1043 LABAT LANE CUDJOE KEY, FL 33042	(same)
ARTICLE III - Registered Agent, Registered Office, & Register	ed Agent's Signature:

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

another business entity with an active Florida registration.)

JEFFREY J. NEWHOUSE

Name

1043 LABAT LANE

Florida street address (P.O. Box NOT acceptable)

CUDJOEKEY, FL 33042

City State Zip

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..

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

	horized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	JEFFREY J. NEWHOUSE
AMBR	CUDITOE KEY, FL 33042 THE DIANE CROPSEY REVOCABLE TRUST 1043 LABAT LANE CUDITOE KEY, FL 33042
(If an effective date is listed, the date must be specthe date of filing.)	of filing: 12 • 12 • 2015. (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after eet the applicable statutory filing requirements, this date will not be listed as if State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	At Ne Z-
This document is executed I am aware that any false	ther or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
JEFF)	REY J. NEWHOUSE 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)