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PICK-UP WAIT MAIL
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(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

PICK UP: 12-30-15 CERTIFIED COPY PHOTOCOPY	
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FILING LLC	
1. Fox Services LLC (CORPORATE NAME AND DOCUMENT #)	
2.	
(CORPORATE NAME AND DOCUMENT #)	
3. (CORPORATE NAME AND DOCUMENT #)	
4.	
(CORPORATE NAME AND DOCUMENT #)	
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(CORPORATE NAME AND DOCUMENT #)	
6. (CORPORATE NAME AND DOCUMENT #)	
SPECIAL INSTRUCTIONS:	

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Fox Services LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christopher J Fox Name of Person
Name of Person
Fox Services LLC
Firm/Company
48 SE 1st ave
Address
Dolvay Beach FL 33 444 City/State and Zip Code
Fox Services Chris 9 Gmail, Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chris Fox at 603 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: 48 SE 1st ave Delray Beach FL 33444 Delray Beach FL 33444 33444	
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: Chris topher J Fod Name 15+ 9 VP	
Florida street address (P.O. Box NOT acceptable) Delray Beach FL 33444 City State Zip	
laving been named as registered agent and to accept service of process for the above stated limited liability company at the lace designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I writer agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I m 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	•

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee	Title:	Conference of the Artist	Name and Address: Chris FOX
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