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(Re	equestor's Name)	
(Ac	ddress)	·
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bı	isiness Entity Nam	ne)
(Do	ocument Number)	/
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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JAN 1 2016

S. GILBERT

COVER LETTER

TO:

Registration Section

Div	ision of Corporations		
SUBJECT:	885 Sensor LLC		
SUBJECT:	Name of I	Limited Liabilit	y Company
The enclosed	d Articles of Organization and fee(s)	are submitted f	for filing.
Please return	all correspondence concerning this	matter to the fo	llowing:
1	Doris Zeuner		
_		Name of P	Person
7	Zeuner Realty		
-		Firm/Con	npany
(6909 SW 18th St.		
_		Addres	ss
1	Boca Raton, FL 33433		
in	nfo@thezeunerteam.com	City/State and	Zip Code
<u></u>	E-mail address: (to be us	sed for future an	nual report notification)
For further inf	formation concerning this matter, ple	ease call:	
П	Ooris Zeuner	561	447-2100
_	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fili	ing Fee \$130.00 Filing Fee & Certificate of Status	Certific	Spriling Fee & Spriling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	N II C 2	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		ED
	15 DEC 21	AM I.LO
885 Sensor LLC	13 000 21	<u>нп 1-40</u>
885 Sensor LLC (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		. / Gl¥îE E. FL≢R!ĐA
Principal Office Address: Mailing	Address:	
Zeuner Realty Zeuner Realty		_
6909 SW 18th St. 6909 SW 18th St.	···	_
Boca Raton, FL 33433 Boca Raton, FL 33433		<u> </u>
another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:		
Doris Zeuner		
Name		
6909 SW 18th St., Stc. 116		
Florida street address (P.O. Box NOT acceptable)		
Boca Raton FL 33433		
City State Zip		
laving been named as registered agent and to accept service of process for the above stated limite clace designated in this certificate, I hereby accept the appointment as registered agent and agree for the agree to comply with the provisions of all statutes relating to the proper and complete perform familiar with and accept the obligations of my position as registered agent as provided for in C Registered Agent's Signature (REQUIRED) (CONTINUED)	to act in this capaci ormance of my dutie.	ty. I
Page 1 of 2		

		Name and Address:
$\overline{\text{"AMBR"}} = A\iota$	ithorized Member	
"MGR" = Mar	nager	
AMBR		Shari Schwamm
		6909 SW 18th St., Ste. 116
		Boca Raton, FL 33433
-		
		
		
EV: Effective	nt if necessary) date, if other than the date of	filing: (OPTIONAL)
EV: Effective ective date is liffiling.) the date insert	date, if other than the date of sted, the date must be speci	ific and cannot be more than five business days prior to or 90 day et the applicable statutory filing requirements, this date will not be l
EV: Effective ctive date is liffiling.) the date insertment's effective	date, if other than the date of sted, the date must be specied in this block does not me	ific and cannot be more than five business days prior to or 90 day et the applicable statutory filing requirements, this date will not be l
EV: Effective ctive date is lift filing.) the date insertment's effective VI: Other pro	date, if other than the date of sted, the date must be specied in this block does not meet date on the Department of povisions, if any.	ific and cannot be more than five business days prior to or 90 day et the applicable statutory filing requirements, this date will not be l
EV: Effective ctive date is liffiling.) the date insertment's effective EVI: Other pro-	date, if other than the date of isted, the date must be specified in this block does not mere date on the Department of ovisions, if any. SIGNATURE:	et the applicable statutory filing requirements, this date will not be less that seconds.
EV: Effective ctive date is lift filing.) the date insertment's effective VI: Other pro	date, if other than the date of isted, the date must be specied in this block does not mere date on the Department of ovisions, if any. SIGNATURE: Signature of a mem This document is executed I am aware that any false in	et the applicable statutory filing requirements, this date will not be less that seconds.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-