## L16000036305

(F	Requestor's Name)	
	Address)	
	Address)	
(7	ruuless)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
(-	business Littly Name,	
(C	Document Number)	
Certified Copies	Certificates of	Status
Γ · · · · · · · · · · · · · · · · · · ·		···
Special Instructions t	o Filing Officer:	
,		
		,
		İ

Office Use Only



700282224567

02/16/16--01026--006 \*\*130.00

16 FEB 16 PM 4: 50

62-23-16

## **COVER LETTER**

	egistration Section vision of Corporations	
CUDIECT	Fironsword, LLC	
SUBJECT:		Limited Liability Company
The enclose	ed Articles of Organization and fee(s	s) are submitted for filing.
Please retur	n all correspondence concerning thi	s matter to the following:
	Jennifer E. Zakin, Esq.	
		Name of Person
	Redgrave & Rosenthal LLP	
		Firm/Company
	120 E. Palmetto Park Road, Suite	100
		Address
	Boca Raton, FL 33432	
j	zakin@redgraveandrosenthal.com	City/State and Zip Code
_	E-mail address: (to be t	ised for future annual report notification)
For further in	formation concerning this matter, p	ease call:
	Jennifer E. Zakin, Esq.	561 347-1700
-	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Fil	ling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section

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

. .

Fironsword, LLC					
(Must end	with the words "Limited	Liability Company	y, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Limited	Liability Company is:		
<u>Princip</u>	al Office Address:		Mailing Address:		
801 N. Ocean Blvd.,	Ant #11	801	N. Ocean Blvd., Apt. #11		
oor it. Occan bivu.,	ripi. #11		14. Occum Bivat, 11pt. #11		
Delray Beach, FL 33  RTICLE III - Registered Age The Limited Liability Company	ent, Registered Office, cannot serve as its own	& Registered Agent.	ray Beach, FL 33483		<u></u>
ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a	ent, Registered Office, or cannot serve as its own active Florida registratio	& Registered Agent. n.)	ray Beach, FL 33483 nt's Signature:		16 FEB 16
ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a	ent, Registered Office, or cannot serve as its own active Florida registrationaddress of the registered	& Registered Agent. n.)	ray Beach, FL 33483 nt's Signature:		FEB 16
Delray Beach, FL 33 ARTICLE III - Registered Age	ent, Registered Office, or cannot serve as its own active Florida registratio address of the registered Ann G. Hanes Flinn	& Registered Agent. (n.) agent are:	nt's Signature: You must designate an individual or	ALVINOR E	FEB 16 PH
ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a	ent, Registered Office, or cannot serve as its own active Florida registrationaddress of the registered	& Registered Agent. n.) agent are:  Name Apt. #11	nt's Signature: You must designate an individual or		FEB 16 PH 나 5
ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a	ent, Registered Office, or cannot serve as its own active Florida registratio address of the registered  Ann G. Hanes Flinn  801 N. Ocean Blvd.,	& Registered Agent. n.) agent are:  Name Apt. #11	nt's Signature: You must designate an individual or		FEB 16 PH Li

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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u>		Name and Address:
	uthorized Member	
"MGR" = Ma	-	Ann G. Honos Elinn
Manager	· · · · · · · · · · · · · · · · · · ·	Ann G. Hanes Flinn 801 N. Ocean Blvd., Apt. #11
		Delray Beach, FL 33483
		<u> </u>
		<del></del> \tag{\fit}
		<u> </u>
-		en c
LE V: Effective fective date is l of filing.)	listed, the date must be sp	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days
LE V: Effective fective date is l of filing.) f the date inser ument's effective	e date, if other than the date listed, the date must be spe ted in this block does not no we date on the Department	ecific and cannot be more than five business days prior to or 90 da neet the applicable statutory filing requirements, this date will not be
LE V: Effective fective date is l of filing.) f the date inser ument's effective	e date, if other than the date listed, the date must be spo ted in this block does not n	ecific and cannot be more than five business days prior to or 90 da neet the applicable statutory filing requirements, this date will not be
LE V: Effective fective date is l of filing.) f the date inser ament's effective LE VI: Other pro-	e date, if other than the date listed, the date must be spe ted in this block does not no we date on the Department	neet the applicable statutory filing requirements, this date will not be of State's records.
LE V: Effective fective date is l of filing.) f the date inser ament's effective LE VI: Other pro-	e date, if other than the date listed, the date must be spot ted in this block does not not be date on the Department provisions, if any.  SIGNATURE:	ecific and cannot be more than five business days prior to or 90 days expect the applicable statutory filing requirements, this date will not be of State's records.  The state of the applicable statutory filing requirements, this date will not be of State's records.
LE V: Effective fective date is l of filing.) f the date inser ament's effective LE VI: Other pro-	e date, if other than the date listed, the date must be spot ted in this block does not not be date on the Department provisions, if any.  SIGNATURE:	ecific and cannot be more than five business days prior to or 90 days expect the applicable statutory filing requirements, this date will not be of State's records.  The state of a member of a member of a member.
LE V: Effective fective date is l of filing.) f the date inser ament's effective LE VI: Other pro-	e date, if other than the date listed, the date must be spetted in this block does not not be date on the Department provisions, if any.  SIGNATURE:  Signature of a me This document is execut I am aware that any false	ecific and cannot be more than five business days prior to or 90 days expect the applicable statutory filing requirements, this date will not be of State's records.  The prior of an authorized representative of a member. The prior of the p
LE V: Effective fective date is l of filing.) f the date inser ament's effective LE VI: Other pro-	e date, if other than the date listed, the date must be spetted in this block does not not be date on the Department provisions, if any.  SIGNATURE:  Signature of a me This document is execut I am aware that any false	ecific and cannot be more than five business days prior to or 90 days expect the applicable statutory filing requirements, this date will not be of State's records.  The state of a member of a member of a member.
LE V: Effective fective date is l of filing.) f the date inser ament's effective LE VI: Other pro-	e date, if other than the date listed, the date must be spetted in this block does not not be date on the Department provisions, if any.  SIGNATURE:  Signature of a me This document is execut I am aware that any false constitutes a third degree	ecific and cannot be more than five business days prior to or 90 days expect the applicable statutory filing requirements, this date will not be sof State's records.  The prior of an authorized representative of a member. The state in accordance with section 605.0203 (1) (b), Florida Statutes, a information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.
LE V: Effective fective date is l of filing.) f the date inser ament's effective LE VI: Other pro-	e date, if other than the date listed, the date must be spetted in this block does not not be date on the Department provisions, if any.  SIGNATURE:  Signature of a me This document is execut I am aware that any false	ecific and cannot be more than five business days prior to or 90 days expect the applicable statutory filing requirements, this date will not be sof State's records.  The prior of an authorized representative of a member. The state in accordance with section 605.0203 (1) (b), Florida Statutes. The information submitted in a document to the Department of State to felony as provided for in s.817.155, F.S.
LE V: Effective fective date is l of filing.) f the date inser ament's effective LE VI: Other pro-	e date, if other than the date listed, the date must be spetted in this block does not not be date on the Department provisions, if any.  SIGNATURE:  Signature of a me This document is execut I am aware that any false constitutes a third degree	ecific and cannot be more than five business days prior to or 90 days expect the applicable statutory filing requirements, this date will not be sof State's records.  The prior of an authorized representative of a member. The state in accordance with section 605.0203 (1) (b), Florida Statutes, a information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.

as