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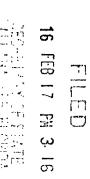
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Consideration to	F:1: O#:	
Special Instructions to	Filing Officer:	

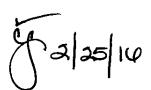
Office Use Only



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COVER LETTER

7

	egistration Section ivision of Corporations
SURIFCT	Scandinavian Development LLC
SCHIECI	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	arn all correspondence concerning this matter to the following:
	Anna Billskoog
	Name of Person
	Firm/Company
	15920 SW 77 Ave
	Address
	Palmetto Bay, Fl. 33157
	City/State and Zip Code ScanBuilt@mac.com
•	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	Anna Billskoog 786 2713363at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$125.00 Fi	ling Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \$\ \text{Certified Copy (additional copy is en
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		FILED
		الريا بسياسية العالم
	16	FEB 17 PN 3-1
, ,	(A)	ETALY OF STATE SEAT DIFFERED
Mailing Addr	ess:	
15920 SW 77 Ave Palmetto Bay F1, 33157		_
	15920 SW 77 Ave Palmetto Bay	Company, "L.L.C.," or "LLC.") the Limited Liability Company is: Mailing Address: 15920 SW 77 Ave Palmetto Bay

Anna Billskoog

Name

15920 SW 77 Ave

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

Palmetto Bay Fl. 33157

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>[itle:</u> 'AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
AMBR	Torgny Billskoog
	15920 SW 77 Ave.
	Palmetto Bay, Fl. 33157
AMBR	Anna Billskoog
	15920 SW 77 Ave
	Palmetto Bay, Fl. 33157
AMBR	Victor Billskoog
	15920 SW 77 Ave
	Palmetto Bay, Fl. 33157
V: Effective date, if other than the date tive date is listed, the date must be sp filing.)	e of filing: February 14, 2015 . (OPTIONAL) pecific and cannot be more than five business days prior to or 90
ctive date is listed, the date must be sp filling.) he date inserted in this block does not ent's effective date on the Department	meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date ctive date is listed, the date must be sp filling.) he date inserted in this block does not	meet the applicable statutory filing requirements, this date will not
CV: Effective date, if other than the date ctive date is listed, the date must be sponding.) The date inserted in this block does not bent's effective date on the Department CVI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not of State's records.
V: Effective date, if other than the date tive date is listed, the date must be spfiling.) ne date inserted in this block does not ent's effective date on the Department VI: Other provisions, if any. EQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not of State's records.
V: Effective date, if other than the date tive date is listed, the date must be specifiling.) the date inserted in this block does not ent's effective date on the Department vI: Other provisions, if any. ECOURED SIGNATURE: Signature of a man This document is executed.	meet the applicable statutory filing requirements, this date will not of State's records. ember of an authorized representative of a member. ted in accordance with section 605.0203 (1) (b). Florida Statutes
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CV: Effective date, if other than the date tive date is listed, the date must be specifiling.) the date inserted in this block does not ent's effective date on the Department of the Other provisions, if any. ECOURED SIGNATURE: Signature of a magnetic date on a ware that any fals	meet the applicable statutory filing requirements, this date will not of State's records. ember of an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State

Page 2 of 2