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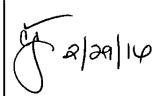
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16 FEB 29 AM II: 21

TO: Registration Section Division of Corporations SECOND OF CORPORATION SECTION SECTI
SUBJECT: REDICIONAL BOX GOTE IN FALLAFINATION 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:
Denise Staff Shorter
RareDitund Bout que
7475 Was Dr Address
TAIL F1 32310 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$
Mailing Address Street Address

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
C'lifton Bellding
2661 Executive Center Circle
Tallahassee, FL 32301

ATTHICLES OF OLGANIZATION FOR IT, OTHINA LIMITED L'ABILITY COMPANY

ATTY CL

ANTICLE I - Name:

The name of the Limited Liability Company is:

SECTEMAN AND STATE ALLANDESS OF CORDS

(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:

Mailing Address:

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:

Name

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

「い」 トー マカ

City

State

2in

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 vertificate. I hereby accept the appointment as registered agent and agree to act in this capacity. It is then 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)

Page 1 of 2

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company

Title:

"AMBR" = Authorized Member

"MGP" = Manager

Devise Sold Signature

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

ARTICLE V: Effective date, if other than the date and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

LIMMI WORLD/

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.847.155. F.S.

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)