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SECRETARY OF STATIONS
-VISION OF SECRETARY OF STATIONS

EFFECTIVE DATE 02/29/14

13/14/16

COVER LETTER

TO: Registration Section Division of Corporations	p 5	F
SUBJECT: All Accounting For 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:		
Christina L. Brown		
Name of Person		_
Firm/Company		
5111 Paleo Pines Circle Address		
Address		
tort Herce, FL 34951		
City/state and Zip Code		
Fort Rerce, FL 34951 City/State and Zip Code enigma expert @ amail. com E-mail address: (to be used for future annual report notif	ication)	
For further information concerning this matter, please call:		
To future information concerning his matter, prease can.		
Christing Brown at (772) 812.18	13	
Name of Person Area Code Daytime Telep		
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 Filir Certificate o Certified Cop (additional cop	f Status & oy
Mailing Address Street Address		
New Filing Section New Filing Section	n	
Division of Compositions Division of Compositions		

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

*

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

cmpany, "L.L.C.," or "LLC.")
mpany, "L.L.C.," or "LLC.")
imited Liability Company is:
Mailing Address:
STIT MEYC E
5111 Paleo Pines Circle
Ft. Pierce

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

another business entity with an active Florida registration.)

ARTICLE I - Name:

Christina Brown
Name

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

511 Paleo Pines Circle
Florida street address (P.O. Box NOT acceptable)

Ft. Pierce FL

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

AMBR" = Authorized Member MGR" = Manager MGL / PRES	
mgr/Pres	
	Christina Bram
	5111 Pales Pirks Cock. Ft. Pierce, FL 34951
	TA. Merce TO SATIST
	iling: 2 29 2014 (OPTIONAL) ic and cannot be more than five business days prior to or 90
V: Effective date, if other than the date of fittive date is listed, the date must be specififiling.) ne date inserted in this block does not meet ent's effective date on the Department of S.	ic and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not
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V: Effective date, if other than the date of fitive date is listed, the date must be specifications.) ne date inserted in this block does not meet ent's effective date on the Department of St. VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member This document is executed in a manuary that any false info	the applicable statutory filing requirements, this date will not state's records.
V: Effective date, if other than the date of fitive date is listed, the date must be specififiling.) ne date inserted in this block does not meet ent's effective date on the Department of St. VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member This document is executed in a manuary that any false inforcements of the constitutes a third degree felores.	the applicable statutory filing requirements, this date will not state's records. er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. Formation submitted in a document to the Department of State

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)