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(Red	questor's Name)	
(Ad	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
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COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT	Fantail Lane LLC		
SUBJECT		Limited Liabilit	y Company
The enclos	ed Articles of Organization and fee(s)	are submitted I	or filing.
Please retu	rn all correspondence concerning this	matter to the fo	llowing:
	Brent Subramanian		
		Name of I	Person
	Fantail Lane LLC		
		Firm/Con	npany
	265 Meadow Beauty Terrace		
		Addre	ss
	Sanford, FLorida 32771		
	fantaillanellc@gmail.com	City/State and	Zip Code
-	E-mail address: (to be us	sed for future ar	nual report notification)
For further in	nformation concerning this matter, ple	ease call:	
	Brent Subramanian	407	463-6989
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	s a check for the following amount:		
\$125.00 Fi	ling Fee \$\ \times \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Certifie	Siling Fee & Siling 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) [(Street Address New Filing Section Division of Corporations Clifton Building 661 Executive Center Circle Fallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I					
The name of	the Limited Liability	Company is:			
T.	antail Lana I I C				- Fig. 6
<u>r</u>	antail Lane LLC	rith the words "Limited I	iahilitu Camman	. "I I C " ~ "I I C ")	MAR
	(Must end w	in the words Limited i	Liability Company	, L.L.C., or LLC.)	ASS.
ARTICLE I					7
The mailing	address and street add	dress of the principal off	ice of the Limited	Liability Company is:	
	<u>Principa</u>	l Office Address:		Mailing Address:	-7 PHI2: 05 ARY OF STATE SSEE, FLORID,
2	65 Meadow Beauty 7	Terrace, Sanford FL 327	71 265	Meadow Beauty Terrace	S S
				ord, FL 32771	
_					
	·	etive Florida registration ddress of the registered a	agent are:		
			Name		
		265 Meadow Beauty T	errace	·	
		Florida street address	(P.O. Box <u>NOT</u> a	cceptable)	
		Sanford	Florida	32771	
		City	State	Zip	
place designat further agree t	ed in this certificate, i to comply with the pro	I hereby accept the appoint ovisions of all statutes related igations of my position as	intment as register ating to the proper s registered agent	e above stated limited liability c ed agent and agree to act in thi r and complete performance of as provided for in Chapter 605,	s capacity. I my duties, and I
		Kegister	ea Agent's Signa	ture (REQUIRED)	

(CONTINUED)
Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member MGR" = Manager AMBR MBR	Brent Subramanian
AMBR	Yoshima Somvanshi
fective date is listed, the date i	on the date of filing: March 07, 2016 . (OPTIONAL) nust be specific and cannot be more than five business days prior to on
LE V: Effective date, if other the fective date is listed, the date is of filing.) If the date inserted in this block iment's effective date on the D	nust be specific and cannot be more than five business days prior to or does not meet the applicable statutory filing requirements, this date will
EV: Effective date, if other the fective date is listed, the date in of filing.)	nust be specific and cannot be more than five business days prior to or does not meet the applicable statutory filing requirements, this date will
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