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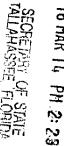
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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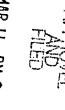
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COVER LETTER

	egistration Section ivision of Corporations
SUBJECT	BALANCING FROM WITHIN, L.L.C.
300,001	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	JILL KATHLEEN AVERY
	Name of Person
	BALANCING FROM WITHIN, L.L.C.
	Firm/Company
	4677 AVALON STREET
	Address
	BOCA RATON FL. 33428
	City/State and Zip Code JILLAVERY@OUTLOOK.COM
-	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$125.00 F	Sectificate of Status Certificate of Status Status Status Status Status Status Status Status Certificate of Status

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

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The name of the Limited Liability Company is:

16 MAR 14 PH 2: 29

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CING FROM WITHIN, L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLSEORETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

<u>Principal Office Address</u> :	<u>Mailing Address</u> :	
4677 AVALON STREET	4677 AVALON STREET	
BOCA RATON, FL. 33428	BOCA RATON FL. 33428	•

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:

FREDERICK JOHN	AVERY	
	Name	
4677 AVALON STRI	EET	
Florida street address	s (P.O. Box <u>NOT</u> ac	rceptable)
BOCA RATON	1·1	33428
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 of general 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 years yed agent his provided for in Chapter 605, F.S.,

s Signature (REQUIRED)

(CONTINUED)

Page Lof 2

Name and Address:	46 MAD 11	DU # **
	16 MAR 14	PM 2: 25
JILL KATHLEEN AVERY	SECRETARY (OF STATE
	TALLAHASSEE	FLORIDA
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ARTICLE IV-