## L16000054103

(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE



## **COVER LETTER**

	gistration Section vision of Corporations	
SUBJECT:		ES LLC imited Liability Company
The enclose	d Articles of Organization and fee(s)	are submitted for filing.
Please retur	n all correspondence concerning this n	natter to the following:
	william	Suezey Jr. Name of Person
		Name of Person
•		Firm/Company
	103 5 VS	Highway 1 Suite F-5
		Addiess
	Jupiter, FL	City/State and Zip Code  Lagmail. Com
		City/State and Zip Code
_	F-mail address: (to be use	d for future annual report notification)
	·	•
For further in	formation concerning this matter, plea	se call:
_	william Snewar	Area Code Daytime Telephone Number
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	MA PAR arealy
\$125.00 Fili	sing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section	New Filing Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	TULA	ES LLC		
(Must e	and with the words "Limited Liability (	Company, "L.L.C.," or "LLC.")	<del></del>	
ARTICLE II - Address: The mailing address and stre	et address of the principal office of the	Limited Liability Company is:		
<u>Prin</u>	cipal Office Address:	Mailing Address:		
103 5 Suile F-3	US Highway 1	103 5 VS Highway	1	
Jupitor,	FL 33977	Jupiter, FL 33477	_	
(The Limited Liability Comp another business entity with	Agent, Registered Office, & Registered any cannot serve as its own Registered an active Florida registration.)  eet address of the registered agent are:	Agent. You must designate an individual or		
(The Limited Liability Comp another business entity with	any cannot serve as its own Registered an active Florida registration.)	Agent. You must designate an individual or	16 K	
(The Limited Liability Comp another business entity with	any cannot serve as its own Registered an active Florida registration.)  eet address of the registered agent are:  William Swe	Agent. You must designate an individual or	16 MAR 18 SECPETAR TALLAHASS	
(The Limited Liability Comp another business entity with	any cannot serve as its own Registered an active Florida registration.)  eet address of the registered agent are:  William Swell  Name  103 5 US 7	Agent. You must designate an individual or Zey JV.  Hishady 1 suite F-5	16 MAR 18 AI SECRETARY OF TALLAHASSEE	
(The Limited Liability Comp another business entity with	any cannot serve as its own Registered an active Florida registration.)  eet address of the registered agent are:    Willam Sween     Name     103	Agent. You must designate an individual or Zey JV.  Hishway 1 suite F-5  NOT acceptable)	- VIII	
(The Limited Liability Comp another business entity with	any cannot serve as its own Registered an active Florida registration.)  eet address of the registered agent are:    Willam Sween     Name     103	Agent. You must designate an individual or Zey JV.  Hishady 1 suite F-5	16 MAR 18 AM 10: 10 SECRETARY OF STATE TALLAHASSEE R ORION	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u> Fitle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	William Snerry Tr
	103 5 15 Hishway 1.
	suite F-5 #169"
	oupiter, FL 33477 ZO
	In
	4€
	<u> 필</u> 급
V: Effective date, if other than the dative date is listed, the date must be s filing.)	• •
CV: Effective date, if other than the date tive date is listed, the date must be significant.)  the date inserted in this block does not ent's effective date on the Department.	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
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