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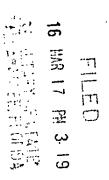
(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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Special Instructions to Filing Officer:				
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COVER LETTER

14

TO: Registration Division of C	Section Corporations		
SUBJECT:	Name of Lin	Prokes L nited Liability Company	1
The enclosed Articles	of Organization and fee(s) ar	e submitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	MARRO R	Name of Person	
	OFFEE LIN	Firm/Company	3 Lic
_7	25 RH	Address	>
	ROTTWO E-mail address: (to be used	City/State and Zip Code I for future annual report notification	23/4P
For further information	concerning this matter, please	e call:	
	at (7731622 Trea Code Daytime Telephone	Number
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Nev Div P.O	iling Address w Filing Section ision of Corporations b. Box 6327 lahassee, FL 32314	Street Address New Filing Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	Circle To G

EFFECTIVE DATE 04/01/10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTI	\mathbf{CL}	E.	- N	am	e:

The name of the Limited Liability Company is:

FILED

16 HAR 17 PH 3-19

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

TARREST VERTER ATE

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

725 RICENSON ROSD

775 RITEMORD ROLL Key Progress FI 3845

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:

MANATTENNING NOW

Name

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

State '

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..

(egistered Agent's Signature (REOUIRED

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MCF.	GON'S CEPUS ROTTINSON
	75 Riberton
	THE PERMENT PLANTS
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
	e of filing: OHONAL)
the document's effective date on the Department	meet the applicable statutory filing requirements, this date will not be listed as t of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Mag -
Signature of a m	nember or an authorized representative of a member.
This document is execu	uted in accordance with section 605.0203 (1) (b), Florida Statutes.
t am aware that any fais constitutes a third degre	se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.
M A	
	Typed or printed name of signee
	Typed or printed name of signee
\$125.00 Filing Fee for Articles of O	Typed or printed name of signee Filing Fees:
\$ 30.00 Certified Copy (Optional)	Typed or printed name of signee Filing Fees: rganization and Designation of Registered Agent
	Typed or printed name of signee Filing Fees: rganization and Designation of Registered Agent

Page 2 of 2

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-