## 1160000069610

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## **COVER LETTER**

-	istration Section ision of Corporations	
SUBJECT:	NF:p Flood Name of L	imited Liability Company
The enclosed	Articles of Organization and fee(s)	are submitted for filing.
Please return	all correspondence concerning this r	natter to the following:
_	Saras	E Fordham Name of Person
_		Firm/Company
_	5625 3	Address
_		
	F. mail address: (to be for	City/State and Zip Code  EFORMAN SFIP CONSULTANTS COM  ed for future annual report notification)
For further infe	ormation concerning this matter, plea	
	Name of Person	SSO 698-1852  Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:	
\$125.00 Filin	ng 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 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

FILED

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The name of the Limited Liability Company is:

16 APR -5 PM 3: 27

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

## ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
5625 SANDSTONE DA.	5625 SANDSTONE DA
PACE, Fl. 33571	PALE, Fl. 32571
	·

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:

Name

S625 Sandsfore Dr.

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

Ocity 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 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 Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

The name and address of each person author	ivain U III U i
HARATSTON A (1 ' 124 1	Name and Address:
"AMBR" = Authorized Member	SECRETARY UF 514
"MGR" = Manager	JARRY E. JORGANIA
AMBR	SESS SANDSTANDE DA.
	DACE F1. 32571
<del></del>	
·····	
Use attachment if necessary)	
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