## L16000013188

(Re	equestor's Name)	
(Ad	dress)	
V.	,	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(De	ocument Number)	
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Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

	egistration Section ivision of Corporations		
CUD IECT	From Investments, LLC		
SUBJECT		Limited Liabil	ity Company
The enclos	ed Articles of Organization and fee(s	) are submitted	for filing.
Please retu	rn all correspondence concerning this	s matter to the t	following:
	Kirsten Kappus		
		Name of	Person
	STA-IS		
		Firm/Co	mpany
	1275 Barclay Blvd		
		Addr	ess
	Buffalo Grove, IL 60089		
	kirsten.kappus@sta-is.com	City/State an	d Zip Code
-	E-mail address: (to be u	sed for future a	nnual report notification)
For further i	nformation concerning this matter, pl	ease call:	
	Kirsten Kappus	877	894-0073
	Name of Person	\	Daytime Telephone Number
Enclosed is	s a check for the following amount:		
\$125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	L—JCertifi	90 Filing Fee & \$160.00 Filing Fee, ed Copy 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

From Investments	, LLC			
(Must en	nd with the words "Limite	d Liability Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	t address of the principal of	office of the Limited	d Liability Company is:	
<u>Princ</u>	cipal Office Address:		Mailing Addres	<u>ss</u> :
902 NW 7th Stree	t	PO	Box 1209	
Okeechobee, FL 3	4972	Oke	eechobee, FL 34973	
<del></del>	<del>2-2-2</del>	<del></del>		
ARTICLE III - Registered A	Agent, Registered Office,	, & Registered Age	nt's Signature:	
(The Limited Liability Comps	unicannot comica na ita aua			
			You must designate an indiv	vidual or
another business entity with a			You must designate an indiv	vidual or
	in active Florida registrati	on.)	You must designate an indiv	vidual or
another business entity with a	in active Florida registrati	on.)	You must designate an indiv	vidual or
another business entity with a	an active Florida registrative address of the registere	on.)	You must designate an indiv	7 <b>A</b> LL.
another business entity with a	an active Florida registrative address of the registere	on.) d agent are:	You must designate an indiv	Vidual or
another business entity with a	an active Florida registration active Florida registere  Linda From	on.) d agent are: Name		16 APR I
another business entity with a	et address of the registration active Florida registration Linda From  902 NW 7th Street Florida street address	on.) d agent are:  Name ss (P.O. Box NOT a		16 APR 12 SECRESARY FALLAHASSE
another business entity with a	et address of the registere  Linda From  902 NW 7th Street Florida street address Okeechobee, FL 349	on.) d agent are:  Name ss (P.O. Box NOT a	acceptable)	16 APR 12 PH
another business entity with a	et address of the registere  Linda From  902 NW 7th Street Florida street address Okeechobee, FL 349 City	on.) d agent are:  Name  ss (P.O. Box NOT a	acceptable)  Zip	16 APR 12 PH 12: ( SECRLIBAY OF STA
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another business entity with a The name and the Florida stre  Having been named as registere place designated in this certifica further agree to comply with the	et address of the registere  Linda From  902 NW 7th Street Florida street address Okeechobee, FL 349 City  et agent and to accept servete, I hereby accept the apple provisions of all statutes in	on.)  Indicate a second	acceptable)  Zip e above stated limited liabilited agent and agree to act in rand complete performance	IS APR 12 PH 12: 06  IALLAHASSEE FLORIDATION of my duties, and I
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### LaMar From ### 902 NW 7th Street   Okeechobee, FL 34972    MGR	1405	
MGR  Linda From 902 NW 7th Street Okeechobee, FL 34972  Linda From 902 NW 7th Street Okeechobee, FL 34972  (Use attachment if necessary)  ICLE V: Effective date, if other than the date of filling:  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days ate of filling.  If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listocument's effective date on the Department of State's records.  ICLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida States of the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	WCJK	
Okeechobee, FL 34972		902 NW 7th Street
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Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)