16000084506

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	100

Office Use Only



MAY 0 3 2016 T. SCOTT



100284870141

04/26/16--01031--020 **160.00



COVER LETTER

10. 1	Division of Corporations	
CUD IFC	Pacesetters LLC	
SUBJEC [*]		nited Liability Company
The enclo	sed Articles of Organization and fee(s) ar	e submitted for filing.
Please ret	urn all correspondence concerning this ma	atter to the following:
	Valerie Morris	
		Name of Person
	Spring Keepers Inc.	
		Firm/Company
	23600 SW 124 Ave.	
		Address
	Homestead, Fl. 33032	
	iamjosephturner@gmail.com	ity/State and Zip Code
		for future annual report notification)
For further:	information concerning this matter, please	e call:
	Joseph Turner 36	979-8511
		rea Code Daytime Telephone Number
Enclosed i	is a check for the following amount:	
\$125.00 F	Filing Fee \$\frac{\$130.00 \text{ Filing Fee & Certificate of Status}}{}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

Pacesetters Ll	J.	
(Mt	st end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
The mailing address and	street address of the principal office	of the Limited Liability Company is:
<u>1</u>	rincipal Office Address:	Mailing Address:
Pacesetters Ll	LC	Pacesetters LLC
23984 SW 11		23600 SW 124 Ave.
23984 SW 11 Homestead, F ARTICLE III - Register (The Limited Liability Co	3 Ave 1. 33032 red Agent, Registered Office, & R	23600 SW 124 Ave. Homestead, Fl. 33032
ARTICLE III - Register (The Limited Liability Coanother business entity w	3 Ave 1. 33032 red Agent, Registered Office, & Rompany cannot serve as its own Reg	23600 SW 124 Ave. Homestead, Fl. 33032 Legistered Agent's Signature: gistered Agent. You must designate an individual
ARTICLE III - Register (The Limited Liability Coanother business entity w	3 Ave 1. 33032 red Agent, Registered Office, & Rompany cannot serve as its own Register an active Florida registration.)	23600 SW 124 Ave. Homestead, Fl. 33032 Legistered Agent's Signature: gistered Agent. You must designate an individual
ARTICLE III - Register (The Limited Liability Coanother business entity w	3 Ave 1. 33032 red Agent, Registered Office, & Rempany cannot serve as its own Registration.) street address of the registered age Spring Keepers Inc.	23600 SW 124 Ave. Homestead, Fl. 33032 Legistered Agent's Signature: gistered Agent. You must designate an individual
ARTICLE III - Register (The Limited Liability Coanother business entity w	3 Ave 1. 33032 red Agent, Registered Office, & Rempany cannot serve as its own Registration.) street address of the registered age Spring Keepers Inc.	23600 SW 124 Ave. Homestead, Fl. 33032 Legistered Agent's Signature: gistered Agent. You must designate an individual ent are:
ARTICLE III - Register (The Limited Liability Coanother business entity w	3 Ave 1. 33032 red Agent, Registered Office, & Rompany cannot serve as its own Registration.) a street address of the registered age Spring Keepers Inc. No. 23600 SW 124 Ave.	23600 SW 124 Ave. Homestead, Fl. 33032 Legistered Agent's Signature: gistered Agent. You must designate an individual ent are:
ARTICLE III - Register (The Limited Liability Coanother business entity w	3 Ave 1. 33032 red Agent, Registered Office, & Rompany cannot serve as its own Registration.) a street address of the registered age Spring Keepers Inc. No. 23600 SW 124 Ave.	23600 SW 124 Ave. Homestead, Fl. 33032 Registered Agent's Signature: ristered Agent. You must designate an individual ent are:

Hpl fu am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Joseph Tumon
MGR	Joseph Turner 23984 SW 113 Ave.
	Miami, Fl. 33032
	Whath, Ft. 33032
MGR	Eugenia Turner
	23984 SW 113 Ave.
	Miami, Fl. 33032

ective date is listed, the date must be of filing.)	specific and cannot be more than five business days prior to or 90 to meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the datective date is listed, the date must be of filing.)	specific and cannot be more than five business days prior to or 90 timest the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date ctive date is listed, the date must be of filling.) the date inserted in this block does no ment's effective date on the Department.	specific and cannot be more than five business days prior to or 90 timest the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date could be settive date is listed, the date must be sof filling.) The date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any. REOUIRED SIGNATURES	specific and cannot be more than five business days prior to or 96 t meet the applicable statutory filing requirements, this date will no not of State's records.
E V: Effective date, if other than the date ctive date is listed, the date must be sof filling.) the date inserted in this block does no ment's effective date on the Department E VI: Other provisions, if any. REOURED SIGNATURE: Signature of a to the date of the Department is executed any factorized and the date of	specific and cannot be more than five business days prior to or 90 to meet the applicable statutory filing requirements, this date will not of State's records.
EV: Effective date, if other than the date continue date is listed, the date must be sof filling.) the date inserted in this block does no ment's effective date on the Department EVI: Other provisions, if any. REOURED SIGNATURE: Signature of a distribution of the date inserted in this document is executed in the date inserted in this block does no ment's effective date on the Department is executed in the date inserted in this block does no ment's effective date on the Department is executed in this block does no ment's effective date on the Department is executed in this block does no ment's effective date on the Department is executed in this block does no ment's effective date on the Department is executed in this block does no ment's effective date on the Department is executed in this block does no ment's effective date on the Department is executed in this block does no ment's effective date on the Department is executed in this block does no ment's effective date on the Department is executed in this block does no ment's effective date on the Department is executed in this block does no ment's effective date on the Department is executed in this document is executed in this do	t meet the applicable statutory filing requirements, this date will no not of State's records. member or an authorized representative of a member. State in accordance with section 605.0203 (1) (b), Florida Statutes. Itse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
E V: Effective date, if other than the date ctive date is listed, the date must be sof filling.) the date inserted in this block does no ment's effective date on the Department E VI: Other provisions, if any. REOURED SIGNATURE: Signature of a to the date of the Department is executed any factorized and the date of	t meet the applicable statutory filing requirements, this date will no not of State's records. member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. Itse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the date continue date is listed, the date must be sof filling.) the date inserted in this block does no ment's effective date on the Department EVI: Other provisions, if any. REOURED SIGNATURE: Signature of a distribution of the date inserted in this document is executed in the date inserted in this block does no ment's effective date on the Department is executed in the date inserted in this block does no ment's effective date on the Department is executed in this block does no ment's effective date on the Department is executed in this block does no ment's effective date on the Department is executed in this block does no ment's effective date on the Department is executed in this block does no ment's effective date on the Department is executed in this block does no ment's effective date on the Department is executed in this block does no ment's effective date on the Department is executed in this block does no ment's effective date on the Department is executed in this block does no ment's effective date on the Department is executed in this block does no ment's effective date on the Department is executed in this document is executed in this do	t meet the applicable statutory filing requirements, this date will no not of State's records. member or an authorized representative of a member. State in accordance with section 605.0203 (1) (b), Florida Statutes. Itse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the date continue date is listed, the date must be sof filling.) the date inserted in this block does no ment's effective date on the Department EVI: Other provisions, if any. REOURED SIGNATURE: Signature of a distribution of the date inserted in this document is executed in the date inserted in this block does no ment's effective date on the Department is executed in the date inserted in this block does no ment's effective date on the Department is executed in this block does no ment's effective date on the Department is executed in this block does no ment's effective date on the Department is executed in this block does no ment's effective date on the Department is executed in this block does no ment's effective date on the Department is executed in this block does no ment's effective date on the Department is executed in this block does no ment's effective date on the Department is executed in this block does no ment's effective date on the Department is executed in this block does no ment's effective date on the Department is executed in this block does no ment's effective date on the Department is executed in this document is executed in this do	t meet the applicable statutory filing requirements, this date will no not of State's records. member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. Itse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.