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## **COVER LETTER**

.

	tegistration Section Division of Corporations	
SUBJECT:	EXCHANGE 114F, LLC	
50000011	Name of Limited Liability Company	
The enclosed	sed Articles of Organization and fee(s) are submitted for filing.	
	arn all correspondence concerning this matter to the following:	
_	Linfeng Zhou Name of Person	
	Zhou & Hong, P.A.	
_	Firm/Company	
	5595 Orange Dr. Suite	210
_	Address	
_	Davie, FL 33314	
	Davie, FL 33314  City/State and Zip Code  Zhouand hongpa@avl. com	· ·
	E-mail address: (to be used for future annual report notifica	ation)
For further info	nformation concerning this matter, please call:	
Liv	Name of Person Area Code Daytime Telepho	16 one Number
Enclosed is a	s a check for the following amount:	
\$125.00 Filir	siling Fee \$\sum_{\text{Certificate of Status}} \square \square \square \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)}	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporaP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive CenTallahassee, FL 323Tallahassee, FL 323	nter Circle

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

FILED

16 MAY -2 PH 3-38

EXCHANGE 1141	FIL	د	10 HAT -2
(Must end with the words "Limited Lia			
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited	Liability Company is:	
Principal Office Address:		Mailing Addre	255:
5595 Orange Drive		Same	
5595 Orange Drive Suite 210 Davie, FL 33314			
ARTICLE III - Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.)			ividual or
The name and the Florida street address of the registered age			
Linfery of Na	Zhou		
Na Na	ıme	- 7 310	
55-95 Oran	ge Dr.	Suite 410	
Florida street address (1'.	.O. Box <u>NOT</u> a	cceptable)	
Davie,	17	33314 Zip	
City	State	Zip	
	ment as register ng to the proper egistered agent	ed agent and agree to act i r and complete performanc	n this capacity. I e of my duties, and I

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Yanli Gan	2500 Presidential Way #106 West Palm Beach, FL 3344
AMBR	West Palm Beach, F-L 3344
EV: Effective date, if other than the date ective date is listed, the date must be sp of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 d
EV: Effective date, if other than the date ective date is listed, the date must be spor filing.) the date inserted in this block does not ment's effective date on the Department	ecific and cannot be more than five business days prior to or 90 d neet the applicable statutory filing requirements, this date will not b
E V: Effective date, if other than the date ective date is listed, the date must be spof filing.) The date inserted in this block does not to ment's effective date on the Department E VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 d neet the applicable statutory filing requirements, this date will not b
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) The date inserted in this block does not to ment's effective date on the Department E VI: Other provisions, if any.  REOUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b of State's records.
ective date is listed, the date must be spor filing.) The date inserted in this block does not a ment's effective date on the Department  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a many of the document is executed an aware that any false.	ecific and cannot be more than five business days prior to or 90 d neet the applicable statutory filing requirements, this date will not b
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) The date inserted in this block does not to ment's effective date on the Department E VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a not to the date of t	meet the applicable statutory filing requirements, this date will not be of State's records.  The state of a member of a member of an authorized representative of a member. The discordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State.

Page 2 of 2