# U6000097843

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations
CUD IE	PREPARE, LLC
SUBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Lee Ann Lehman, Ph.D.
	Name of Person
	PREPARE, LLC
	Firm/Company
	430 26th Street
	Address
	West Palm Beach, FL 33407
	City/State and Zip Code prepareflorida@gmail.com
	E-mail address: (to be used for future annual report notification)
For further	r information concerning this matter, please call:
	Lee Ann Lehman, Ph.D. 614 531-3355
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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

ARTICLE	I	-	N	ĺα	m	e
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The name of the Limited Liability Company is:

υυ	FPA	DL	

(Must end with the words "Limited Liability 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:

#### **Principal Office Address:**

**Mailing Address:** 

430 26th Street	430 26th Street
West Palm Beach, FL 33407	West Palm Beach, FL 33407

## 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:

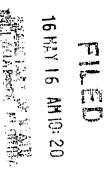
Lee Ann Lehman, Ph.	D.	
	Name	
430 26th Street		
Florida street address	(P.O. Box NOT ac	cceptable)
West Palm Beach	FL	33407
City	State	Zip

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's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



<u>Title:</u> "AMBR" = Authorized N	Name and Address:	
"MGR" = Manager MGR	Lee Ann Lehman, Ph.D.	
	430 26th Street	
	West Palm Beach, FL 33407	
(Use attachment if necess	)	
n effective date is listed, the d date of filing.)	han the date of filing: 05/10/2016 (OPTIONAL)  must be specific and cannot be more than five business days prior to or 90 day  k does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	
TICLE VI: Other provisions, if	,	
		-
REOUIRED SIGNATU	ed haterran Ph.D.	
Sig This doc I am awa	ture of a member or an authorized representative of a member.  ent is executed in accordance with section 605.0203 (1) (b), Florida Statutes. hat any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.	
Sig This doc I am awa constitute	ture of a member or an authorized representative of a member. ent is executed in accordance with section 605.0203 (1) (b), Florida Statutes. hat any false information submitted in a document to the Department of State	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)