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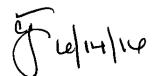




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6 JUN -8 FM 3.10



## **COVER LETTER**

TO: Registration Section Division of Corporations	·	
SUBJECT: FL FUTURE FOUN Name of L	JOATIONS III, LLC	
Name of L	Limited Liability Company	
The enclosed Articles of Organization and fee(s)	are submitted for filing.	
Please return all correspondence concerning this r	matter to the following:	
KATHRY	Nome of Person	VET
	Name of Person	
**************************************	D) (0	
	Firm/Company	
1128 360 5	T. N.	
	Address	
ST PETERSB	3URS FL 337UI	
	City/State and Zip Code	
	ODREW @ TORCANA. (OM) ed for future annual report notification)	<del></del>
`	•	
For further information concerning this matter, plea	ase can:	
LATHRYN ANDREW at (	321 ) 443 - 1946	
	Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\sqrt{\$130.00 Filing Fee &}	\$155.00 Filing Fee & \$160.00	Filing Fee,
Certificate of Status	Certified Copy Certifica  (additional copy is enclosed) Certified	ite of Status &
		345 <b>5</b>
Mailing Address	Street Address	· ·
New Filing Section	New Filing Section	量量
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	क नि
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
		12mi 5

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	FILED
FL FUTURE FOUNDATIONS 111, 11C  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")  ARTICLE II - Address:	16 JUN -8 PH 3-11
The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address:  Mailing Address:  1128 380 ST J PO BOX 46  ST PETERSBURG FL 33701 SHARON, MA	02067
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 in another business entity with an active Florida registration.)	dividual or
The name and the Florida street address of the registered agent are:	
KAMRYN ANDREN	
Name	
1128 300 ST N	
Florida street address (P.O. Box NOT acceptable)	
ST PETERSBURG FL 33701	
City State Zip	
Having been named as registered agent and to accept service of process for the above stated limited liab place designated in this certificate, I hereby accept the appointment as registered agent and agree to act further agree to comply with the provisions of all statutes relating to the proper and complete performan am familiar with and accept the obligations of my position as registered agent as provided for in Chapter Registered Agent's Signature (REQUIRED)	in this capacity. I ace of my duties, and I
(CONTINUED)	

Page 1 of 2

Vs of each person authoriz	zed to manage and control the Limited Liability Company:	
The name a ized Member	zed to manage and control the Limited Liability Company:  Name and Address:	
Title ANAY	FL RESERVE 400 HOLDINGS, LL	<u>_</u>
	ROSEHIU HOLDINGS 11, LLC PO BOX 1048	
	ST PETERSBURG FL 33701	
ment if necessary)		
effective date, if other than the date of fili ave date is listed, the date must be specific of filing.)	ing: (OPTIONAL) and cannot be more than five business days prior to or 90	-
effective date, if other than the date of filing.)  If the date inserted in this block does not meet the document's effective date on the Department of Sta	and cannot be more than five business days prior to or 90 ne applicable statutory filing requirements, this date will not	_
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reffective date, if other than the date of filing.)  If the date inserted in this block does not meet the document's effective date on the Department of State of Course of State of St	and cannot be more than five business days prior to or 90 me applicable statutory filing requirements, this date will not te's records.  Tor an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State	-
Effective date, if other than the date of filicate date is listed, the date must be specificated in this block does not meet the document's effective date on the Department of State TICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member This document is executed in I am aware that any false information constitutes a third degree felon TATURE.  Typ  \$125.00 Filing Fee for Articles of Organization of the date of	and cannot be more than five business days prior to or 90 me applicable statutory filing requirements, this date will not te's records.  Or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.  ANDREW  ed or printed name of signee  Filing Fees: ation and Designation of Registered Agent	-
riffective date, if other than the date of filitary date is listed, the date must be specifically of filing.)  If the date inserted in this block does not meet the document's effective date on the Department of State of Course of Co	and cannot be more than five business days prior to or 90 me applicable statutory filing requirements, this date will not te's records.  For an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.	-