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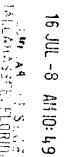
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Auguste Professional Development LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ashley Augustl Name of Person
Firm/Company
Earl I appared from Dr
Address
Tampa, FL 331010 City/State and Zip Code
E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Ashley Augusteat (813) 380.0000 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status \$155.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified to Status Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

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iability company at the act in this capacity. I nance of my duties, and I pter 605, F.S

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Page 1 of 2

Citle: CAMBR" = Authorized Member	Name and Address;
MGR" = Manager	Ashley Auguste Soll Legardston Dr.
	Tampa, PL 33610
	
-	CONTROLLED (CONTROLLED)
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