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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
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COVER LETTER

	gistration Section vision of Corporations
SUBJECT:	My Retirement, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed	d Articles of Organization and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
	Richard C. Welter
-	Name of Person
	My Retirement, LLC
-	Firm/Company
	6300 3rd Street
-	Address
	Key West, Florida 33040
-	City/State and Zip Code
<u>ri</u>	ch@sunsetwatersports.info
	E-mail address: (to be used for future annual report notification)
For further inf	formation concerning this matter, please call:
F	Paul S. Mills, C.P.A. 305 294-3699
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fili	<u> </u>

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 - Name:

The name of the Limited Liabili	ty Company is:		•	
My Retirement, LLC		222222		·
(Must end	with the words "Limite	d Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal	office of the Limited I	Liability Company is:	
<u>Princip</u>	al Office Address:	,	Mailing Addr	ess:
6300 3rd Street		6300	3rd Street	
Key West, FL 3304	0	Key \	West, FL 33040	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its ow active Florida registrati	n Registered Agent. Y on.)		16 JUL
	Paul S. Mills, C.P.A	. .		ASS TO
		Name	-	mo≥ 📆
	1541 Fifth Street			F S1
	Florida street addre	ss (P.O. Box <u>NOT</u> ac	ceptable)	4 9: 43 FLORIDA
	Key West	Florida	33040	
	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)

Page 1 of 2

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	n: 1 10 m 1
AMBR	Richard C. Welter
	6300 3rd Street
	Key West, FL 33040
MGR	Richard C. Welter
Mar	6300 3rd Street
	Key West, FL 33040
	Ney West, LE 33040
	
(Use attachment if necessary)	
	te of filing: (OPTIONAL)
CLE V: Effective date, if other than the date	te of filing: (OPTIONAL)
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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)