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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

AUG 11 2016 T. SCOTT



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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NOT About	
SUBJECT: Not About	mited Liability Company
Name of En	infled Entomy Company
The enclosed Articles of Organization and fee(s) as	re submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Gary Middle	tow
7-4,	Name of Person
	Firm/Company
3028 Elmw	and Rd
	Address
Tallahascet	Address  Address  City/State and Zip Code
	City/State and Zip Code
ب روسونس پیستان در در در در در در ماند و استان در	
•	d for future annual report notification)
For figther information concerning this matter, plea-	se call:
Alame of Person	Arca Code Daytime Telephone Number
· · · · · · · · · · · · · · · · · · ·	Sayvino Polephono Nameo
Enclosed is a check for the following amount:	•
\$125.00 Filing Fee \$\text{Certificate of Status}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy  Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	New Filing Section Division of Corporations
Division of Corporations P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ΑJ	RT	IC	LE	Í		N	a	m	e:
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The name of the Limited Liability Company is:

Mot About Us. LLC.," 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:
9192 Old Che MUNICAL Tallahour 17	Sauce
9/92 Bld Chance 18 Toloh FT	Some
32507	

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:

Gany Middleton
Name

3028 Elmwood Xd.

Florida street address (P.O. Box NOT acceptable)

Tallo lossee Pl 32317

Playing bear, named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I Justice agree to comply with the provisions of all status sociating to the proper and complete performance of my duties, and I am familiar with an 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

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Title:	Name and Address:
"AMBR" = Authorized N "MGR" = Manager	1cmber
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, ,	9/92 0/6 Che mowie Rd
	79 11 ahousee / 1 32311
AMBR	Vincent LYNN
	9193 OR Chemonie ld
	- Jallonossee, Pl 3231)
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