## L1600155231

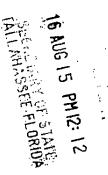
(Requestor's Name)
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## **COVER LETTER**

	tration Section on of Corporations	·
SUBJECT:	ASA	imited Liability Company
_	Name of Li	imited Liability Company
The enclosed A	rticles of Organization and fee(s) a	are submitted for filing.
Please return al	1 correspondence concerning this n	natter to the following:
	ALK	Name of Person
		Name of Person
	ASA	Firm/Company
		Firm/Company
	P.O. Bo	Address
		Address
_	Holie	Lay, FL 34692 City/State and Zip Code
		City/State and Zip Code  A hotmail. am
	E-mail address: (to be use	ed for future annual report notification)
For further infor	mation concerning this matter, plea	ase call:
	ALKA Kum AR at (	727) 314 - 2025  Area Code Daytime Telephone Number
Enclosed is a c	heck for the following amount:	
\$125.00 Filing	Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)  (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability	Company is:			
A	SA 10,	LLC	y, "L.L.C.," or "LLC.")	
(Must end wi	th the words "Limited	Liability Company	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	ress of the principal o	ffice of the Limited	1 Liability Company is:	
Principal	Office Address:		Mailing Address:	
3030 N. ROCK TAMPA,	FL 33607	, STE 150A	P.O. Box 4053 Holiday, FL 34692	
ARTICLE III - Registered Agent (The Limited Liability Company canother business entity with an act	nnot serve as its own	Registered Agent.	C. STE 150A acceptable)	
The name and the Florida street ad	dress of the registered	l agent are:	美 0	
	REGISTER	ED AGENTS IN	C. တွင် ဟ	i
		Name	mg 3	2
	3030 N. Ro	cky Point Dr., S	STE 150A	၁
	Florida street addres		acceptable)	2
	Tampa	, FL 33607	*E*	
	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..

Bill Havre/Secretary/Registered Agents Inc.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

		Name and Address:
	thorized Member	
"MGR" = Mar	nager	ALKA KUMAR
-	······································	PO ROX 4053
		POBOX 4053 Holiday, FL 34699
		<i>3</i> /
LE V: Effective ffective date is li	isted, the date must be spec	
LE V: Effective frective date is lie of filing.) If the date insertument's effective	e date, if other than the date of isted, the date must be specified in this block does not make date on the Department of	eific and cannot be more than five business days prior to or 90 of the applicable statutory filing requirements, this date will not
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