# LI6000 SS 300

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PICK-UF	WAIT MAIL
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IL SCOTT



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### **COVER LETTER**

TO:	Registration Section Division of Corporations
	Expat Concierge U.S.
SUBJI	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Richard Green
	Name of Person
	Firm/Company
	8051 SW 21st Place
	Address
	Davie, FL 33324
	City/State and Zip Code info@expatconciergeus.com
	E-mail address: (to be used for future annual report notification)
or furth	er information concerning this matter, please call:
	Richard Green 954 654-1651
	at ()  Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
<b>\$</b> 125.0	O Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)

# 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 Liability	ty Company is:			
Expat Concierge U.S	S., LLC			
(Must end	with the words	"Limited Liability Co	mpany, "L.L.C.," or "LLC.")	
ARTICLE II - Address;				
The mailing address and street a	ddress of the pr	incipal office of the L	imited Liability Company is:	
<u>Princip</u>	al Office Addr	ess:	Mailing Ad	dress:
8051 SW 21st Place			8051 SW 21st Place	
Davie, FL 33324		<del> </del>	Davie, FL 33324	******
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as active Florida re	s its own Registered Agistration.)		individual or
	Richard Gre	en		
		Name		
	8051 SW 21	st Place		
	Florida stree	et address (P.O. Box)	NOT acceptable)	
	Davie	FL	33324	

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..

State

City

Zip

Page 1 of 2

(CONTINUED)

<u>litle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	Richard Green
MGR	8051 SW 21st Place
	Davie, FL 33324
V: Effective date, if other than the date entire date is listed, the date must be spe	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90
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