## 116000/69594

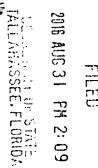
(Re	equestor's Name)	
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. (Document Number)		
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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	POLKAP, LLC.	
30000		ne of Limited Liability Company
The end	closed Articles of Organization and	facts) are submitted for filing
	return all correspondence concerning	•
FICASCI	etum an correspondence concernin	ig this matter to the following:
	BILLI POLLACK	
•		Name of Person
		Firm/Company
•	7500 NW 120TH DR.	
	**	Address
	PARKLAND, FLA 33076-453	32
		City/State and Zip Code
,	MARC@MLKCPA.COM	
	E-mail address: (to	be used for future annual report notification)
For furth	er information concerning this matt	er, please call:
	MARC KAPLAN	316 260-1123 at ( )
	Name of Person	Area Code Daytime Telephone Number
Enclose	ed is a check for the following amou	int:
	Filing Fee \$130.00 Filing Certificate of S	Fee & \$155.00 Filing Fee & \$160.00 Filing Fee,
	Mailing Address	Street Address
	New Filing Section	New Filing Section
	Division of Cornorations	Division of Cornerations

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY FILED ARTICLE I - Name: 2016 AUG 31 PM 2: 09 The name of the Limited Liability Company is: SERVICIANT UF STAIL POLKAP, LLC. (Must end with the words "Limited Liability Company, "L.L.C.," 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: 7500 NW 120TH DR SAME PARKLAND, FLA 33076-4532 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: BILLI POLLACK Name 7500 NW 120TH DR Florida street address (P.O. Box NOT acceptable) **PARKLAND**

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.

City

State

gistered Agent's Signature (REQUIRE)

Page 1 of 2

(CONTINUED)

ARTICLE IV- The name and address of each person authori	zed to manage and control the Limited Liability Company.			
Title: "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager MGR/AMBR	BILLI POLLACK 7500 NW 120TH DR.  SETMETAKY UF STATE TALLAHASSEE, FLORIDA			
	PARKLAND, FLA 33076			
AMBR	MARC KAPLAN 2918 N WILD ROSE CT WICHITA, KS 67205			
AMBR	GARY KAPLAN 2214 LOCKHART DR.			
	CHARLOTTE, NC 28203			
(Use attachment if necessary)				
the date of filing.)	c and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as			
ARTICLE VI: Other provisions, if any.				
REQUIRED SIGNATURE:	Pallocs			
Signature of a member This document is executed in I am aware that any false info	or or an authorized representative of a member.  n accordance with section 605.0203 (1) (b), Florida Statutes.  permation submitted in a document to the Department of State  ony as provided for in s.817.155, F.S.			
BILLI POLLACK T	yped or printed name of signee			

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)