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Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

: (850)617-6381

From:

Account Name : CORP USA

Account Number: 072450003255

: (305)634-3694

Fax Number

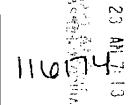
: (305)633-9696

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FLORIDA LIMITED LIABILITY CO. A RESTLER LLC

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CORP USA

9/23/2016 88:91 9102/92/60

September 26, 2016

850-617-6381

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: A RESTLER LLC REF: W16000066119

We have received your document for A RESTLER LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

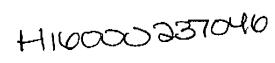
The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II FAX Aud. #: H16000237046 Letter Number: 416A00020638

P.O BOX 6327 - Tallahassee, Florida 32314



(3)

COVER LETTER

COVEREDETER
TO: Registration Section Division of Corporations
SUBJECT: A RESTLER L LC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ARLEN RESTLER Name of Person
Firm/Company
1760 Eagle Trace Blvd.
Coral Springs FL 33071 City/State and Zip Code ARESTIER adl. com E-mail address: (to be used for fature annual report notification)
For further information concerning this matter, please call:
Arlen Restler at (954) 461-5802 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \] \$130.00 Filing Fee & \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{(additional copy is enclosed)} \text{Certified Copy} \text{(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 Division of Corporations Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE [- Name: The name of the Limited Liability Company is:

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•	SEP 23

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CORP USA

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Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Arlen Restler 1760 Eagle Trace Bluck. Coral Springs, FL 33071
(Use attachment if necessary) LEV: Effective date, if other than the da	te of filing:
LEV: Effective date, if other than the da fective date is listed, the date must be a of filing.) If the date inserted in this block does no	te of filing:
LEV: Effective date, if other than the da fective date is listed, the date must be a of filing.) If the date inserted in this block does not ument's effective date on the Department	meet the applicable statutory filing requirements, this date will not
LEV: Effective date, if other than the da fective date is listed, the date must be a of filling.) If the date inserted in this block does not ument's effective date on the Department	meet the applicable statutory filing requirements, this date will not
LE V: Effective date, if other than the da fective date is listed, the date must be a of filling.) If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not at of State's records.
LEV: Effective date, if other than the date fective date is listed, the date must be a of filling.) If the date inserted in this block does not ument's effective date on the Department. LEVI: Other provisions, if any. RECHIRED SIGNATURE: Signature of a 1 This document is exert 1 am aware that any fa	meet the applicable statutory filing requirements, this date will not
LE V: Effective date, if other than the date fective date is listed, the date must be a sof filing.) If the date inserted in this block does not turnent's effective date on the Department's effective date effective date on the Department's effective date effective date effective date effective date effective date effetive date effective date effect	meet the applicable statutory filing requirements, this date will not at of State's records. namber or an authorized representative of a member. suited in accordance with section 605.0203 (1) (b), Florida Statutes. lise information submitted in a document to the Department of State

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