L16000188424

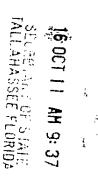
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
		
Special Instructions to Filing Officer:		
epoder manacions to ruing emeal.		





400290927524

10/11/16--01024--024 **130.00



4. 10/12/16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
A's Diericons of	Ken West Loc.		
(Must end with the words Limited Liability C	ompany, "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:		
1101 Heming Street	same		
13 Key West, 1914. 33040			
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are;	TALL SEE		
_ Wellie Do	wan 55 8		
1101 Fleme	ing Street		
Florida street address (P.O. Box	The second of th		
City State	210. 33040 STATE 37		
Having been named as registered agent and to accept service of proces place designated in this certificate, I hereby accept the appointment as i further agree to comply with the provisions of all statutes relating to the am familiar with and accept the obligations of my position as registered	registered agent and agree to act in this capacity. I proper and complete performance of my duties, and I		
- Du	Www auden		
Registered Agent's Signature (RPQUIRED)			
CONTR	, , , , , , , , , , , , , , , , , , ,		
(CONTINUED)			

Page 1 of 2

ARTICLE IV- The name and address of each person authorized	i to manage and control the Limited Liability Company:	
Title: "AMBR" = Authorized Member "MGR" = Manager "MGR" = Manager "MGR" = Manager	Name and Address: 1101 Fleming St. Key west 314. 33040	<u>-</u>
Brady Baudin AMBR	1101 Huming St. Key Lust, 191a. 33040	- - -
		- - -
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing	g: 10/5/2016 (OPTIONAL)	<u>-</u> -
(If an effective date is listed, the date must be specific and the date of filing.) Note: If the date inserted in this block does not meet the the document's effective date on the Department of State	applicable statutory filing requirements, this date will n	·
ARTICLE VI: Other provisions, if any.	T.	OCT
	(i) (i) era	<u>:</u>
REOUIRED SIGNATURE:	(T)	OF STATE
This document is executed in act I am aware that any false inform constitutes a third degree felony	or an authorized representative of a member. ccordance with section 605.0203 (1) (b), Florida Statutes lation submitted in a document to the Department of Statutes as provided for in s.817.155, F.S.	
Туро	d or printed name of signee	
 ✓\$125.00 Filing Fee for Articles of Organizat ✓\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) 	Filing Fees: ion and Designation of Registered Agent	