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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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(Document Number)		
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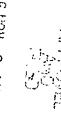


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COVER LETTER

TO: Registration Section	
Division of Corporations	•
SUBJECT: APPOSE LLC	
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:	
Adrian Middleton	
Name of Person	
Middleton & Middleton P.A.	
Firm/Company	
1469 Warrel Ct	
Address	 :
Tallahassee FL 32312	<u>.</u>
City/State and Zip Code	
े mail audress: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Adam Hallon on and are	
Name of Person Area Code Daytime Telephone Number	
Epclosed is a check for the following amount:	
I_{\cdot}	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy} \text{Certificate of Status} \text{Certified Copy}	2, us &
(additional copy is enclosed) Certified Copy (additional copy is en	nclosed)
Mailing Address New Filing Section Street Address New Filing Section	
HOW I THINK DOCKTON . INCOME THINK DOCKTON	

Division of Corporations
P.O. Box 6327
Tallahassee, FL 323 14

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 Company is:	
Appogee LLC	
(Must end with the words "Limited Liab	offity 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:
1969 Morret St	1969 Horrot St
. Tailahaissee, Fi	Talkahousee, FI
26226	

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:

Adrian Middleton, Esquile

Florida street address (P.O. Box NOT acceptable)

Tallahase Fl. 32312
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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECTION OF THE SECTIO

	Title:	Name and Address:	
	"AMBR" = Authorized Member "MGR" = Manager		
	AMBIZ	Adrian Hiddleton, Esquire 1469 Harret St. Talkylasse, FL 32312	
	MGR	Jabrina Ariza 1969 Horret St. Tallahassee, FL 32312	
•			
	(Use attachment if necessary)		: ,
(If an a the dat <u>Note:</u>	te of filing.)	specific and cannot be more than five business days prior to or 90 days aft t meet the applicable statutory filing requirements, this date will not be lister	
ARTI	CLE VI: Other provisions, if any.		•
			

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed 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)

ARTICLE IV

\$ 5.00 Certificate of Status (Optional)

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