L1600209251

(Requestor's Name)	_
(Address)	_
, ,	
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
,	
Certified Copies Certificates of Status	-
Considerations to Filips Officer	7
Special Instructions to Filing Officer:	
	_

Office Use Only



800292144518

11/14/16--01019--021 **130.00

SECONDATE PH 1:53

M. MOON NOV 1 4 2016

COVER LETTER

	egistration Section vision of Corporations		
SUBJECT	Building	an Youths Success mited Liability Company	
	Name of Lin	mited Liability Company	
The smales	-1 A-4:-16:0!!	and a local Con Clina	
i ne encios	ed Articles of Organization and fee(s) ar	re submitted for filing.	
Please retur	n all correspondence concerning this ma	atter to the following:	
	Greavy F	T	
	Chegory la	Name of Person	
		Number 1 of Son	
	Building on y	fourths success LLC	
	J	Firm/Company	
	<u> </u>	Zillah Street	
		Address	
	1.11.01	1,000 00 /51 / 373.05	
	(A ₁ \ [(A)	hassee / F1 / 32305 City/State and Zip Code	
_		d for future annual report notification)	
	E-mail address: (to be used	d for future annual report notification)	
For further in	formation concerning this matter, please	se call:	
	aregury Farmer at	850) 5/0-9/83 Area Code Daytime Telephone Number	
	Name of Person A	Area Code Daytime Telephone Number	
Enclosed is	a check for the following amount:		
\$125.00 Fi	ling Fee \$\frac{130.00}{\text{Filing Fee & Certificate of Status}}	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	7-10 - 10 - 10 - 10
		4	∏~
	Mailing Address	Street Address New Filing Section	100 L
	New Filing Section Division of Corporations	Division of Corporations -	co
	P.O. Box 6327	Clifton Building Cri	RE
	Tallahassee, FL 32314	2661 Executive Center Circle Callahassee, FL 32301 Callahassee, FL 32301	©m ≯

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	Building on	Youths.	Success LLC
(Must end with	the words "Limited Liabili	ty Company, "L.L.C	.," or "LLC.")
ARTICLE II - Address: The mailing address and street addre	ess of the principal office of	the Limited Liabilit	y Company is:
Principal O	office Address:		Mailing Address:
3321 Zillah	street	33=1	Zillah Street Ilahassee, Fl 32305
و و م در در در در سیست	2025		11. L. (100 El 222 05
ARTICLE III - Registered Agent, The Limited Liability Company can	Registered Office, & Regi	istered Agent's Sigi	nature:
ARTICLE III - Registered Agent, The Limited Liability Company can another business entity with an activ	Registered Office, & Registered serve as its own Registere Florida registration.)	istered Agent's Signered Agent. You mus	nature: st designate an individual or
ARTICLE III - Registered Agent, The Limited Liability Company can another business entity with an activ	Registered Office, & Registered serve as its own Registere Florida registration.)	istered Agent's Signered Agent. You mus	nature: st designate an individual or
ARTICLE III - Registered Agent, The Limited Liability Company can another business entity with an activ	Registered Office, & Registered Serve as its own Registere Florida registration.)	istered Agent's Signered Agent. You mus	nature: st designate an individual or
ARTICLE III - Registered Agent, The Limited Liability Company can another business entity with an activ	Registered Office, & Registration Serve as its own Registration.) ress of the registered agent of the	istered Agent's Signered Agent. You must	nature: st designate an individual or
ARTICLE III - Registered Agent, The Limited Liability Company can another business entity with an activ The name and the Florida street addr	Registered Office, & Registration Serve as its own Registration.) ress of the registered agent of the	istered Agent's Signered Agent. You must are: Farmer -illah Stree	nature: st designate an individual or
ARTICLE III - Registered Agent, The Limited Liability Company can another business entity with an activ The name and the Florida street addr	Registered Office, & Registered Serve as its own Registere Florida registration.) ress of the registered agent for the r	istered Agent's Signered Agent. You must are: Farmer Cillah Stree Box NOT acceptable	nature: st designate an individual or

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..

(CONTINUED)

d Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR & MGR	1729ury taimer 33210 zillah street Tallahassee 1 FL 32305
	
(Use attachment if necessary)	
te of filing.)	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 days at tt the applicable statutory filing requirements, this date will not be liste State's records.
CLE VI: Other provisions, if any.	

REOUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

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)
- \$ 5.00 Certificate of Status (Optional)

Page 2 of 2