L16000211643

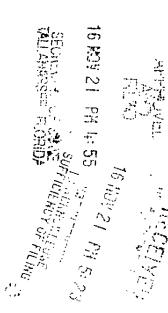
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(2.0). 2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



800292134208

11/22/16--01003--006 **130.00



COVERLETTER
TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Linai Zerima
Name of Person
Firm/Company
ritm/Company
613 AloHa Ave.
Address
Tallahassee Fl 32305
City/State and Zip Code
mail audicas: (to be used for future annual report notification)
For further information concerning this matter, please call:
deute Ference at (850) 273-3750 Name of Posson Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \(\sum_{\text{Certificate of Status}} \) \(\sum_{\text{Certified Copy}} \) \(\text{Certified Copy} \) \(\text{Certified Copy} \) \(\text{Certified Copy} \) \(\text{Certified Copy} \) \(\text{(additional copy is enclosed)} \) \(\text{Certified Copy} \) \(\text{(additional copy is enclosed)} \)

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

(Must end with the words "Limite	na CCC ed Lidbility Company, "L.L.C.," or "LLC.")
,	a capility company, a.e.e., or abo.
RTICLE II - Address: he mailing address and street address of the principal	office of the Limited Liability Company is:
and the principal of the principal of	Office of the Ediffice Stability Company is.
Principal Office Address:	Mailing Address:
613 Alpha Auc.	613 Riptta Ave
Tallahassec Fl.	Tollahassee El.
<u> </u>	10114114321.C
RTICLE III - Registered Agent, Registered Office The Limited Liability Company cannot serve as its ow	20305 c, & Registered Agent's Signature: m Registered Agent. You must designate an individual or
RTICLE III - Registered Agent, Registered Office The Limited Liability Company cannot serve as its ownother business entity with an active Florida registration	e, & Registered Agent's Signature: m Registered Agent. You must designate an individual or ion.)
RTICLE III - Registered Agent, Registered Office The Limited Liability Company cannot serve as its ownother business entity with an active Florida registration	e, & Registered Agent's Signature: m Registered Agent. You must designate an individual or ion.) ed agent are:
RTICLE III - Registered Agent, Registered Office The Limited Liability Company cannot serve as its ownother business entity with an active Florida registration	e, & Registered Agent's Signature: m Registered Agent. You must designate an individual or ion.)
RTICLE III - Registered Agent, Registered Office The Limited Liability Company cannot serve as its ow nother business entity with an active Florida registration he name and the Florida street address of the registered Allership.	e, & Registered Agent's Signature: m Registered Agent. You must designate an individual or ion.) ed agent are:
RTICLE III - Registered Agent, Registered Office The Limited Liability Company cannot serve as its ownother business entity with an active Florida registration in the name and the Florida street address of the registere active.	e, & Registered Agent's Signature: m Registered Agent. You must designate an individual or ion.) ed agent are: Frame Name
RTICLE III - Registered Agent, Registered Office The Limited Liability Company cannot serve as its ownother business entity with an active Florida registration in the name and the Florida street address of the registere active.	e, & Registered Agent's Signature: m Registered Agent. You must designate an individual or ion.) ed agent are:
RTICLE III - Registered Agent, Registered Office The Limited Liability Company cannot serve as its ownother business entity with an active Florida registration in the name and the Florida street address of the registere active.	e, & Registered Agent's Signature: m Registered Agent. You must designate an individual or ion.) ed agent are: Tourna Name ha AUC. ess (P.O. Box NOT acceptable)

Having been named as registered agent and to accept service of process for the above stated limited liquility 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)

(Registered) Agent's Signature (REQUIRED)

Page 1 of 2

	<u>Title:</u> "AMBR" = Authorized Member	Name and Add	ress:	•		
	"MGR" = Manager	CHEES CY	LONEBERGER		•	
	AMBR		www Da.		- -	
	·	Fl. 3230	7			
	AMBR	William	Ravo	•		
	KINDA	2775	John riknox	Rd AOT. 20	26	
		Tallahassce	FI. 32303			
	AMBR	Harry 1	30500			
	ATTO	1809 med		Mattassee 1	<u> </u>	
		32303			 .	٠
	AMBR	Anael	Mancero.			
		6130 (None	Aue		 	
	•	Tallahass	ee Fl. 329	305		
	(Use attachment if necessary)	,		· .	·	
	(Ose attachment it necessary)	//.		•		. `
Note:	te of filing.) If the date inserted in this block does not ocument's effective date on the Departmer		ory filing requirement	ents, this date v	vill not be lis	ted a
ARTIO	CLE VI: Other provisions, if any					,.
						<u>.</u>
	<u>·</u>					
			·			•
	REQUIRED SIGNATURE.			· · · · · · · · · · · · · · · · · · ·		• .
	REQUIRED SIGNATURE:		ž			• . •
-	Livia Z	zimo	1		— S	
	Signatura of a This document is exe I am aware that any fa	member or an authorized cuted in accordance with sellse information submitted in the following provided for the following provide	etion 605.0203 (1) n a document to the	(b), Florida St	atutes.	3
	Signatura of a This document is exe I am aware that any fa	cuted in accordance with se ulse information submitted i	etion 605.0203 (1) n a document to the	(b), Florida St	atutes of State	晋2
	Signatura of a This document is exe I am aware that any fa	cuted in accordance with se dise information submitted i tree felony as provided for	ection 605.0203 (1) In a document to the In s.817.155, F.S. IA	(b), Florida St	atutes?	图2 2
	Signatura of a This document is exe I am aware that any fa	cuted in accordance with sealse information submitted in the felony as provided for the felony as provided for Typed or printed name	ection 605.0203 (1) In a document to the In s.817.155, F.S. IA	(b), Florida St	atutes. In	3 2
	Signatura of a Signatura of a This document is exe I am aware that any fa constitutes a third deg	cuted in accordance with sealse information submitted in the felony as provided for Typed or printed nam Filing Fees:	etion 605.0203 (1) n a document to the n s.817.155, F.S. The of signee	(b), Florida Str e Department o	atutes a f State	3 2
:	Signatura of a This document is exe I am aware that any fa	cuted in accordance with so dise information submitted in tree felony as provided for Typed or printed nam Filing Fees: Organization and Designa	etion 605.0203 (1) n a document to the n s.817.155, F.S. The of signee	(b), Florida Str e Department o	atutes of State of St	16 函# 21 PH 4:55

ARTICLE IV-