1-16000226260

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
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16 DEC 12 AH 9: 55
SECRETARY OF STATE
ALLAHASSEE

COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	LITREF, LLC	
SUBJE		Limited Liability Company
The enc	losed Articles of Organization and fee(s)	are submitted for filing.
Please re	eturn all correspondence concerning this	matter to the following:
	Francis Fertil	
		Name of Person
	LITREF, LLC	
		Firm/Company
	2140 NW 53RD STREET APT. K	
		Address
	MIAMI, FL 33142	
		City/State and Zip Code
	francisfertil@gmail.com	
	E-mail address: (to be use	ed for future annual report notification)
For furthe	er information concerning this matter, plea	ase call:
	Francis Fertil	786 216-5377
	Name of Person	Area Code Daytime Telephone Number
Enclosed	d is a check for the following amount:	
] \$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section
	Division of Corporations	Division of Corporations

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

.")
is:
.5.
Address:
T. K
T. K
<u>A</u>

Francis Fertil

Name

2140 NW 53RD ST. APT. K

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

MIAMI

FI

33142

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

16 DEC 12 AM 9: 55
SECRETARY OF STATE

Title:	M. 1	Name and Address:	
"AMBR" = Authorized "MGR" = Manager	Member	Francis Fertil	
MGR		2140 NIW CARD OT ART V	
•		MIAMI, FL 33142	
		 	
	-		
			
(Use attachment if nece	ssarv)		
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ARTICLE IV-