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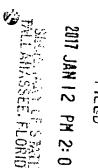
(Requestor's Name)
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TO: Registration Section Division of Corporations
SUBJECT: A+105 Swim LLC.
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
1 aylor Kasney Name of Person
Atlas Swim LLC.
Firm/Company
534 Walnut drive
Address
Melhourne, Florida 32935 City/State and Zip Code
atlasswim (ontactogmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Taylor Kasney at (321) 405 - 4898 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (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: The name of the Limited Liability Company is:	FILED
Atlas Swim LL	FILED 2017 JAN 12 PM 2: 00
(Must end with the words "Limited Liabili ARTICLE II - Address:	ty Company, "L.L.C.," or "LLCMILL ANASSEE. FLORION
The mailing address and street address of the principal office of	
Principal Office Address:	Mailing Address:
5310 Walnut dr. Methourne if L 32935	S36 walnut dr. milhourne FL 32935
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register	

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Taylor Kasney

Name

534 Walnut dy.

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

Melbourne FL 32935

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

<u>Title:</u> "AMBR" = Aut	horized Member	FILED Name and Address: 2017 JAN 12 PM 2: 00
"MGR" = Mana	nger 2	Taylor Kashey State 536 Walnut Part and SSEE FLORIDA MONDOURN SEE 32935
B-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
(Use attachment	t if necessary)	
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