## 17000 27061

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

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TO FEB -6 PM 5: 23
AGINO SEE, FLORIDA

## COVER LETTER

то:	Registration Section Division of Corporations			
SUBJI	Diligent Name of Limited Liability Company	S:	17	
The en	nclosed Articles of Organization and fee(s) are submitted for filing.		FEB	
Please	e return all correspondence concerning this matter to the following:	S.A.	B-6	
	Byan Patricle Roddenberg Name of Person	SEE, F		
	Name of Person	FLORIDA	PH 5: 23	
	- Firm/Company -			
	1339 Moth Lane Address	<del></del>		
	Addicas			
	Tallahasse FL 32304			
	City/State and Zip Code  brodden bery & gmail - con  E-mail address: (to be used for future annual report notification)	-71.		
For furth	ther information concerning this matter, please call:			
	Name of Person Area Code Daytime Telephone Number			
Enclos	sed is a check for the following amount:			
<b>3</b> 8125.0	.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} Certified Copy (add	Status &	ed)	
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	TI	$\mathbf{C}$	LΕ	I	-	N	a	m	e	;
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The name of the Limited Liability Company is:

Must end with the words "Limited Liability 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:

	<del></del>
2-339 Man Lave	2339 Moor Lave
2339 Maron Lane	Tellharse Fi 32304

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Principal Office Address:

(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:

| Dyan Roulleury |
| Name |
| 1339 Mon Law E |
| Florida street address (P.O. Box NOT acceptable) |
| Tallahasse FL 32304 |
| City Street Roule |
| Tallahasse FL 32304 |
| Tall

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

17 FEB -6 PM 5: 23

Title:	Name and Address:
"AMBR" = Authorized Member	
"MCR" = Manager	Romer Hordul
	17339 Moon Love
	Tallaharu, FL 92304 55
<del></del>	
	ПС
	A Section 1 and 1
ective date is listed, the date mus	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90 days
EV: Effective date, if other than ective date is listed, the date must of filing.)	t be specific and cannot be more than five business days prior to or 90 days es not meet the applicable statutory filing requirements, this date will not be list
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