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## **COVER LETTER** TO: Registration Section **Division of Corporations** SUBJECT: Name of Limited Liability Company . AN The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee & Certificate of Status

\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & 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, FI. 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: 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:		
Principal Office Address:  Mailing Address:  Mailing Address:  Mailing Address:  DUBOY 2534  Lauderhill, FL 33319  Tamarac, FL 3:	0 335 1	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individua another business entity with an active Florida registration.)	lor	
The name and the Florida street address of the registered agent are:    Janetle Harris     Name       Late   Value     Florida street address (P.O. Box NOT acceptable)     Late   Value     City   State   Zip		
Having been named as registered agent and to accept service of process for the above stated limited liability con place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this c further agree to comply with the provisions of all statutes relating to the proper and complete performance of my am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F	capacity. I duties, and I	
Registered Agent's Signature (REQUIRED)		
(CONTINUED)	7.53	**;`
Page 1 of 2	6. 6. 6.	

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:  Janetle Harris PC Brx 25.340 Tamarac, FL 33351		
(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing	2/1/2017		
n effective date is listed, the date must be specific are late of filing.)  E: If the date inserted in this block does not meet the	nd cannot be more than five business days prior applicable statutory filing requirements, this date	to or 90 days	
n effective date is listed, the date must be specific are late of filing.)	nd cannot be more than five business days prior applicable statutory filing requirements, this date	to or 90 days	
reflective date is listed, the date must be specific are atte of filing.)  e: If the date inserted in this block does not meet the document's effective date on the Department of State  FICLE VI: Other provisions, it any.  REQUIRED SIGNATURE:  Signature of a member of This document is executed in act I am aware that any false inform	nd cannot be more than five business days prior applicable statutory filing requirements, this date	to or 90 days: will not be lis	
reflective date is listed, the date must be specific are late of filing.)  e: If the date inserted in this block does not meet the document's effective date on the Department of State CICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of This document is executed in act I am aware that any false inform constitutes a third degree felony  The state of the specific are lateral to the specific	applicable statutory filing requirements, this date is records.  or an authorized representative of a member, ecordance with section 605.0203 (1) (b), Florida Station submitted in a document to the Department of as provided for in s.817.155, F.S.	to or 90 days: will not be lis	

ARTICLE IV-