L/700005/506

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

Office Use Only



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03/07/17--01011--015 **160.00

SEURE DARY OF STATE TALLAHASSEE, FLORIDA

2 03/09/17

COVER LETTER

TO: New Filing Section Division of Corporations	A.B.A. BOBWEE
SUBJECT: BOBWEEVEZ Name of L	BillioNAREZ 2LC. BillioNAREZ 2LC. BillioNARES BOSSES
The enclosed Articles of Organization and fee(s)	are submitted for filing.
Please return all correspondence concerning this i	matter to the following:
SHERW	Name of Person BlackWell
	Name of Person BUBLIPEVE
20BWeevez Bi	MIDNARGE LLC d.B.A. BILLIONAR
1000	Name of Person BUBWERVE MIDNAREZ LLC d. B. A. BINION ARE Firm/Company BOSSES TORRACE
$\alpha \circ \gamma \circ $	
	Address 0.001
LAUdeRdAle	LA/65, HC 30011
LAUdeRdAle Young_	SUNNIE O YAHOO. COM
E-mail address: (to be use	sed for future annual report notification) Page 486-3387 Area Code Daytime Telephone Number Area Code Daytime Telephone Number
For further information concerning this matter, plea	ease call: Business (e) u AR
SAERWYN BLACK	well 4 486-3387 /954 410-0011
Name of Person	Area Code Daytime Telephone Number
England in a shook for the following amount:	
Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee &	\$155.00 Filing Fee & \$160.00 Filing Fee,
Certificate of Status	Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy
	(additional copy is enclosed)
<u>Mailing Address</u>	Street Address
New Filing Section Division of Corporations	New Filing Section Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	WECH
BOBWEEVEZ BILLIONAREZ LLC. A.B.A. BiHI	ONARC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	Jes
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principa! Office Address: Mailing Address:	4
2501 N.W. 38 TERRACC 2501 N.W. 38 TERRY LAUGERANG LAKES, EL 33311 LAUGERAAJE LAKES, F	235311
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 individual or another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
BOBNEEVEZ BILLIONAREZ BOSSES	
2501 N.W. 38 TERRACC	
Florida street address (P.O. Box NOT acceptable)	
LAUde RAALE LAKES, FL 33311	
City State Zip	
daving been named as registered agent and to accept service of process for the above stated limited liability company at to	he

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..

Kegistered Agent's Signature (REQUIRED)

(CONTINUED)

MAR -7 PH 2: 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address: (MANAGE)	P)
"MGR" = Manager	Name and Address: (MANAGE) SHERWYN HAYDRY BIACO	kwel
	1 Anderdale LAKES, FL 333	W
		
(Use attachment if necessary)		
(If an effective date is listed, the date must be spec the date of filing.)	of filing:	•
ARTICLE VI: Other provisions, if any.		
REOUIRED SIGNATURE:	nn Blackell	
	mber or an authorized representative of a member.	
This document is execute I am aware that any false i constitutes a third degree	ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. WYN HAY APT BIACKUE! Typed or printed name of signee	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE

TALL AHASSEE FLORING