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TO: New Filing Section
SUBJECT: Record and Witness, LLC Name of Limited Liability Company
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:
Faith K. Uulee
Name of Person
Record and Witness, LLC.
Firm/Company
3215 E. 21 st Ave. Address
Tampa, FL 33605
City/State and Zip Code Yulee faith a gmail. com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Faith 12. Univer at (813) 408-4565 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the <u>following amount</u> :
\$125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section New Filing Section

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

ARTICLE I - Name:	Str. 1 mg
The name of the Limited Liability Company is:	FILED
Record and	Witness, LLC. 17 MAR 17 MII: 06
(Must contain the words "Limited Liability C	ompany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	company, "L.L.C.," or "LLC.")
Principal Office Address:	Mailing Address:
3215 E. 21st Ave Tampa, FL 33605 USA	3215 E. 21st Ave Tampa, FL 33605- USA
ARTICLE III - Registered Agent, Registered Office, & Registe (The Limited Liability Company cannot serve as its own Registered	red Agent's Signature: d Agent. You must designate an individual or

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

another business entity with an active Florida registration.)

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Fai	Th 1	2. Uu.	lee
	Name	7	
32/5	<i>E</i> .	21st	Ave.
Florida street address	(P.O. Box	NOT accept	able)
Tampa,	_ FL	33	605
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)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Taith K. Yulee 3213 E 215t Avenue Tampa, F1 33605
	
	- - -
(Use attachment if necessary)	
the date of filing.) Note: If the date inserted in this block does not meet to the document's effective date on the Department of Start CLE VI: Other provisions, if any. Record and Witness LLC	and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as
REOUIRED SIGNATURE:	K M.O
This document is executed in I am aware that any false info constitutes a third degree felo	r or an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes, rmation submitted in a document to the Department of State ny as provided for in s.817.155, F.S. Luce ped or printed name of signee
	Filing Fees: cation and Designation of Registered Agent

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-