117000199713

(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:

Office Use Only

N. SAMS SEP 27 2017



300303576903

09/28/17--01023--002 **125.00



COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC'	AIQ Agency, LLC		
NODALIC,		Limited Liabi	Hity Company
The enclo	sed Articles of Organization and fee(s)	are submitte	d for tiling.
Please reti	irn all correspondence concerning this	matter to the	following:
	John Panourgias		
		Name o	f Person
	Panourgias Law Firm PLLC		
		Firm/Co	ompany
	30100 Telegraph Road, Suite 360		
		Add	ress
	Bingham Farms, MI 48025		
	jtpanourgias@comcast.net	City/State ar	nd Zip Code
	E-mail address; (to be us	ed for future	annual report notification)
For further i	nformation concerning this matter, ple	ase call:	
	John Panourgias	248	434-7615
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	s a check for the following amount:		
\$125.00 F	ling Fee S130.00 Filing Fee & Certificate of Status	L_JCertifi	00 Filing Fee & S160.00 Filing Fee. died Copy Certificate of Status & Certified Copy (additional copy is enclose)
	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

		** 1				
А	ĸ		16 1	 I -	- N 44	me:

The name of the Limited Liability Company is:

••	4			, re
•		1	}	Ţ
	•		·	نية

17 SEP 26 PM 4: 11

AIO.	Agency	LL	C

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC,") 2002 - 2004 CALLARASSEL FLOREST

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	<u>Mailing Address:</u>
2508 Sunset Way	2508 Sunset Way
St Pete Beach FL 33706	St Pete Beach FL 33706

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:

Gregory Murtagh		
	Name	
2508 Sunset Way		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
St Pete Beach	FL	33706
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 (EQUIRED)

AMBR" = Authorized Member AGR" = Manager IGR	
	Gregory Murtagh
	2508 Sunset Way
	St Pete Beach, FL 33706
	Strete Beach, TE 33706
se attachment if necessary)	
filing.) e date inserted in this block does not meet th	ng:
filing.)	ne applicable statutory filing requirements, this date will not be
filing.) e date inserted in this block does not meet th	ne applicable statutory filing requirements, this date will not be
filing.) e date inserted in this block does not meet the nt's effective date on the Department of Sta	ne applicable statutory filing requirements, this date will not be
filing.) e date inserted in this block does not meet the nt's effective date on the Department of Sta	ne applicable statutory filing requirements, this date will not be
e date inserted in this block does not meet the other provisions, if any, EOURED SIGNATURE:	ne applicable statutory filing requirements, this date will not be te's records.
e date inserted in this block does not meet the office of the Department of Start: Other provisions, if any. EOURED SIGNATURE: Signature of a member	The applicable statutory filing requirements, this date will not be te's records. The applicable statutory filing requirements, this date will not be te's records.
e date inserted in this block does not meet the of state inserted in this block does not meet the office of state of the Department of State of State of State of State of State of State of Signature of a member of Signature of a member of this document is executed in	or an authorized epresentative of a member.
e date inserted in this block does not meet that's effective date on the Department of State VI: Other provisions, if any. EOURED SIGNATURE: Signature of a member This document is executed in I am aware that any false infor	or an authorized epresentative of a member. accordance with section 605.0203 (1) (b). Florida Statutes, mation submitted in a document to the Department of State
e date inserted in this block does not meet that's effective date on the Department of State VI: Other provisions, if any. EOURED SIGNATURE: Signature of a member This document is executed in I am aware that any false infor	or an authorized epresentative of a member.
EOURED SIGNATURE: Signature of a member This document is executed in 1 am aware that any false infor constitutes a third degree felon	or an authorized epresentative of a member. accordance with section 605.0203 (1) (b). Florida Statutes, mation submitted in a document to the Department of State
EOURED SIGNATURE: Signature of a member This document is executed in 1 am aware that any false infor constitutes a third degree feloning.	or an authorized epresentative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.
EOURED SIGNATURE: Signature of a member This document is executed in 1 am aware that any false infor constitutes a third degree feloning.	or an authorized epresentative of a member. accordance with section 605.0203 (1) (b). Florida Statutes, mation submitted in a document to the Department of State
EOURED SIGNATURE: Signature of a member This document is executed in 1 am aware that any false infor constitutes a third degree feloning.	or an authorized epresentative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.
EOURED SIGNATURE: Signature of a member This document is executed in I am aware that any false inforconstitutes a third degree felon Typ	or an authorized epresentative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.

ARTICLE IV-