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PICK-UP	WAIT MAIL
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COVER LETTER

FO: New Filing Section Division of Corporations
SUBJECT: TL 4 AL ENTE-PIISE LIC 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:
Farry Dean Lund Name of Person
Name of Person
Firm/Company
83 Lycy Care Address
Address
Dana τ e α F L City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
ANGELC Lind at (850) 408 3237 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee SCertificate of Status S155.00 Filing Fee SCERTIFICATE Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status Status S160.00 Filing Fee, Certificate of Status Status Status S160.00 Filing Fee, Certificate of Status S160.00 Filing Fee, Certificate Open
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF	ORGANIZATION FOR FL	ORIĐA LIMITED LIAI	BILITY COMPANY	Í	
ARTICLE I - Name: The name of the Limited Liability	Company is:				
Must conta	on the words "Limited Lie	ブセート から ability Company、"L.L	e <u>5 11</u> .C.," or "LLC.")	<u></u>	
ARTICLE II - Address: The mailing address and street ad	dress of the principal offi	ce of the Limited Liab	oility Company is:		
<u>Principa</u>		Mailing Address:			
BBLUCY PGOVCICE		3 Lucy annex FL 3	2346		
ARTICLE III - Registered Age (The Limited Liability Company of another business entity with an ac	cannot serve as its own R	egistered Agent, You	Signature; must designate an	individual or	
The name and the Florida street a	ddress of the registered a	gent are:			
	terr				
	83 Lucs	1 1 0000			
	Florida street address (P.O. Box NOT accep	table)	•	~
				<i>J</i>	017
	Panacen City	State	Zip	·	7
laving been named as registered a lace designated in this certificate, arther agree to comply with the pro m familiar with and accept the obt	I hereby accept the appoint ovisions of all statutes relations of my position as	ntment as registered a ating to the proper and s registered agent as pi	gent and agree to a l complete perforn rovided for in Cha	act in this capacity. I nance of my duties, an	1
	Register	ed Agent's Signature	(REQUIRED)		

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AM 13 R Ambo	ANGOLA Lund 93 Lucy Lone Pansicea FL 3034.6 Tess I (md Discontinue)
	- Commerced FC 5x 200
(Use attachment if necessary)	
the date of filing.)	fic and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	1/1
This document is executed I am aware that any false in	ber or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State elony as provided for in s.817.135, F.S.
Terr	Y Limc/ Typed or printed name of signee

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

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)