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(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	·
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ALLAHASSEE, FLORIDA WIDELL

COVER LETTER

TO: New Filing Section Division of Corporation	ns	
SUBJECT: SUMMER	S UNBOUND Name of Limited Liability Company	
The enclosed Articles of Organiza	ation and fee(s) are submitted for filing.	
Please return all correspondence of	concerning this matter to the following:	
lestere	Name of Person	
SUM.	_	
3200	NW 62nd Ave #423	
Margate,	FL 33063 City/State and Zip Code	
Jeffmus E-mail ad	City/State and Zip Code SUMMERS UNBOUND, COM dress: (to be used for future annual report notification)	
For further information concerning	•	
Jefforey / Name of Person	on Area Code Daytime Telephone Number	
Enclosed is a check for the follow	ing amount:	
	0 Filing Fee & S155.00 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 Secti Division of Cor	war and the state of the state	
P.O. Box 6327	Clifton Building	
Tallahassee, FL	Tallahassee, FL 32314 2661 Executive Center Circle	

Tallahassee, FL 32301

$\textbf{ARTICLES} \, \textbf{OF} \, \textbf{ORGANIZATION} \, \textbf{FOR} \, \textbf{FLORIDA} \, \textbf{LIMITED} \, \textbf{LIABILITY} \, \textbf{COMPANY}$

The name of the Limited Liability Company is:	
SUMMERS UNBOUN (Must contain the words "Limited L	iability Company. "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address: Jerferey Murrell 2592 NW GRAL AVE Margarte FL 33063	Mailing Address: SUMMERS UNBOUND LLC JETTEREY MURRELL 3200 NW (22d Ave # 423 Margate FL 3306:3
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a	agent are:
leffery 1	Junell
	Name
2592 NI	N 6211 Ave
Florida street address	(P.O. Box NOT acceptable)
Margate	FL 33063
(City	<u>FL 33063</u> State Zip
place designated in this certificate, I hereby accept the appo- further agree to comply with the provisions of all statutes rel am familiar with and accept the obligations of my position a	e of process for the above stated limited liability company at the intment as registered agent and agree to act in this capacity. I ating to the proper and complete performance of my duties, and I cregistered agent as provided for in Chapter 605, F.S The Complete performance of my duties, and I cregistered agent as provided for in Chapter 605, F.S The Complete performance of my duties, and I complete performance of my duties.

Title: "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager	Jefferey Murrell			
·	2592 NJ 6224 Ave. Usrgate, 51 33063	 _		
				
				
(Use attachment if necessary)				
If an effective date is listed, the date must be specif	filing: $\frac{\text{Dec. } 1^4 2017}{\text{lic}}$ (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL)	_) o or 90 day	ys after	
he date of filing.) Note: If the date incerted in this block does not mee	t the applicable statutory filing requirements, this date	will not be	listed a	c
the document's effective date on the Department of		A MACOC	2017	J
ARTICLE VI: Other provisions, if any.		P C A		
\mathcal{M}		H.M.	NOV	٦٦
		-SS	~~	=
		<u>~m~</u>		П
REQUIRED SIGNATURE:		F STAI FLORI	PM 4: 58	0
	ber of an authorized representative of a member.	- 5 m	ည္က	

This document is exocuted in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)