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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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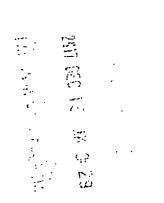
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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.Incserv.com

e-mail: info@incserv.com



ORDER FORM

TO ! Florida Department of State

Division of Corporations, Clifton

Building

2661 Executive Center Circle

Tallahassee, FL 32301

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE: 12/15/2017 PRIO

PRIORITY Routine

OUR REF # (Order ID#) 617448

ORDER ENTITY

TROTSKY IN VIENNA LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

TROTSKY IN VIÈNNA LLC (FL)

File the attached foreign qualification document

NOTES:____

\$125.00 Authorized

Email address for annual report reminders: jamescrewe@yahoo.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, December 15, 2017 Page 1 of 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ıy is:		
rds "Limited Liabil	ity Company,	"L.L.C.," or "LLC.")
he principal office	of the Limited 1	Liability Company is:
no principal office (or the Emilie	Claomity Company is.
<u>Address</u> :		Mailing Address:
Jee CA 90065	37/12	Toland May Los Angolos CA 9006
ies CA 30005	3143	Toland Way, Los Angeles CA 9006
rve as its own Regis	gistered Ageni stered Agent, Y	t's Signature: 'ou must designate an individual or
the registered agen	t are:	
Spector		
Nan	1e	
Vest Broward Blvd	l, Suite 200	
		centable)
ion		ocpubicy
1011	FL	33324
	he principal office of Address: eles CA 90065 tered Office, & Rerve as its own Registida registration.) the registered agent Spector Name of	tered Office, & Registered Agent ve as its own Registered Agent. Yield registered agent are:

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..

Registered Agent's Signature (REOUIRED

(CONTINUED)

'AMBR" = Authorized Member	Name and Address:
'MGR" = Manager MGR	James Crewe
	3743 Toland Way
	Los Angeles CA 90065
	
••	ate of filing: (OPTIONAL)
ctive date is listed, the date must be : ! filing.)	tree of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 of the more the applicable statutory filing requirements, this date will not int of State's records.
EV: Effective date, if other than the date tive date is listed, the date must be of filing.) the date inserted in this block does not be date inserted at on the Department.	specific and cannot be more than five business days prior to or 90 of the transfer to the applicable statutory filing requirements, this date will not be seen the applicable statutory filing requirements.
E.V: Effective date, if other than the date tive date is listed, the date must be a filing.) the date inserted in this block does no hent's effective date on the Department E.VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 of the most than the applicable statutory filing requirements, this date will not not of State's records.
CV: Effective date, if other than the date tive date is listed, the date must be a filing.) the date inserted in this block does no nent's effective date on the Department. VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 of the transfer to the applicable statutory filing requirements, this date will not be seen the applicable statutory filing requirements.
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EV: Effective date, if other than the dative date is listed, the date must be iffiling.) the date inserted in this block does not cent's effective date on the Department. EVI: Other provisions, if any. Signature of a In This document is exect I am aware that any factors.	t meet the applicable statutory filing requirements, this date will not int of State's records. The member of an authorized representative of a member. State in accordance with section 605.0203 (1) (b), Florida Statutes, like information submitted in a document to the Department of State.
E.V: Effective date, if other than the date tive date is listed, the date must be a filing.) the date inserted in this block does no ment's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a 1 This document is exect I am aware that any fa	meet the applicable statutory filing requirements, this date will not int of State's records. member or an authorized representative of a member. method in accordance with section 605.0203 (1) (b), Florida Statutes, is information submitted in a document to the Department of State rece felony as provided for in s.817.155, F.S.

Locals Little