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SECRETARY OF STATE : LORIDA

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COVER LETTER

TO: New Filing Section Division of Corporations					
SUBJECT: Prepared ness Center 1.L.C. 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: For Maid en Norme (Rose "france (Mederus) Horner Name of Person				pater cover .	g ^g
Mail To: 715 Altinan Road Address		-			
	SECRETARY OF	2018 FEB -5 PH 4: 57	FILED	٠.	
Ţ.	STATE	1 4: 57	O		
Name of Person Area Code Daytime Telephone Number		`	ā·	Policy Stalls	¥ŧ
Enclosed is a check for the following amount: S125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certified Copy} \text{(additional copy is enclosed)} \text{S160.00 Filing Certified Copy} \text{(additional copy is enclosed)}	tatus				
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					

भक्तम व्यक्त

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name: The name of the Limited Liability Comp	pany is:				
	words "Limited Liability	Center 1	L. C.		
(Must contain the	words "Limited Liability	y Company, "L.L.C.	," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of	of the principal office of	the Limited Liabilit	y Company is:		
Principal Offic	e Address:		Mailing Address:		
ARTICLE III - Registered Agent, Re	1444. 17 So. EL. 33830.		45, HVVY. 17.	South 30	
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot another business entity with an active F	. Serve as its own regist	ered Agent, You mu	st designate an individual or		
The game and the Florida street address				\ *-	NEW YEAR I
	Kosemair	ie M. Mor	A' Rose "Marie Rosemarie and	Horner	
	Name	c PK	Rosemairie	Medero.	s Hurner
- \ \ Flo	rida struet addesse (P.O.	Boy NOT accentab	le) .		
·					
	City 5	State	Zip		
Having been named as registered agent a place designated in this certificate, I here further agree to comply with the provision am familiar with and accept the obligation.	by accept the appointme ns of all statutes relating ns of my position as regi	nt as registered agen to the proper and co istered agent as prov	t and agree to act in this cape mplete performance of my du	acity. aties, and	
	(CO	ONTINUED)		2010 FEB -5 P	Luka 1984

	The name and address of each person admotized to	manage and composite infinited macinity company.			
		Name and Address:			
, -	"AMBR" = Authorized Member "MGR" = Manager		550	ካልጊ ባብሎና	•
	MGR	7/5 Altman Road	-		
A	R	Wandhula, FL. 3.	377 <u>3</u>		
•		Richard Weigle			
		1155 U.S. HWY, 17 SO	uth		
A	R	Adinai Spence	-		
		Adinai Spence 715 Altman Road Hauchula FL 33838	- 		
A	K	,	-		
		Sofia G. Mederos TIS Altman Road	_		
		Wanchesla, = L. 338/3	_		
	(Use attachment if necessary)				
ARTIC	LEV: Effective date, if other than the date of filing:	(OPTIONAL)			
If an e	ffective date is listed, the date must be specific and	I cannot be more than five business days prior to or	90 days after		
Note:	e of filing.) If the date inserted in this block does not meet the a	pplicable statutory filing requirements, this date will	not Felisted as	\$	
the doc	ument's effective date on the Department of State's	s records.	₩ . <u>T</u>	प्रध्य ध्यक्त	
ARTIC	I.EVI: Other provisions, if any. Non - professio	SSAY	<u>.</u>		
			<u> </u>		
		ORI ORI	<u> </u>		
	REOUIRED SIGNATURE;	Madella	57		
	MASIL DEL	an authorized representative of a member.	_		
	This document is executed in acc	cordance with section 605.0203 (1) (b), Florida Statute tion submitted in a document to the Department of Sta	:S.		
	constitutes a third degree felony a	as provided for in s.817.155. F.S.	ic		
	"Rose" M. /	or printed name of signee			
	Туреф	or printed name of signee			

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)