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(Requestor's	s Name)
(Address)	
(Address)	
(City/State/Z	(ip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(Document I	Number)
Certified Copies Ce	ertificates of Status
Special Instructions to Filing Of	ficer:

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SECRETARY OF STATE
TALLAHASSEE, FLORID

(P

D O'KEEFE FEB 0 6 2010 Ann D. Bowen 18920 SW 92 Court Miami, FL 33157

Tel: (305) 450-5470

January 26, 2018

New Filing Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Attached is the completed form for the filing of Articles of Incorporation for EASY WRITER, LLC. My contact information is above. Also enclosed is a check in payment of the filing fee the amount of \$125.00.

Please contact me should you require any additional information.

Sincerely,

Ann D. Bowen

Encls.

COVER LETTER

Division of Corporation	ıs
SUBJECT: EA	SY WRITER, LLC
	Name of Limited Liability Company
The enclosed Articles of Organiza	ition and fee(s) are submitted for filing.
Please return all correspondence o	concerning this matter to the following:
,	
	Hdam Scholer
	Name of Person
	EASY WRITER, LLC
	Firm/Company
	18920 SW 92 Court
	Address
	Miami, FL 33157 City/State and Zip Code 60WEN 450 @ GMAIL. COM
$\overline{}$	City/State and Zip Code
<u> /-{nn</u>	bowen 450 e GMAIL. COM
E-mail ad	dress: (to be used for future annual report notification)
For further information concerning	this matter, please call:
Ann Bou	on Area Code Daytime Telephone Number
Enclosed is a check for the follow	ing amount:
	O Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	ss Street Address
New Filing Secti	New Filing Section
Division of Corp P.O. Box 6327	porations Division of Corporations Clifton Building
Tallahassee, FL	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	'' <i>1</i>	I L	I . 3	Ċa	m.
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The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

18920 SW 92 Court MIAMI, FL 33157 **Mailing Address:**

18920 Sw 92 Court Miami, E 33157

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:

Name

18920 Sw 92 Court
Florida street address (P.O. Box NOT acceptable)

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te 5

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 (REQUIRED)

(CONTINUED)

ORETARY OF STATE

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager AMBR	Adam Scholer 18920 JW 92 Court
AMBR	MIAMI, FL 3.3157
<u>H</u> INDK	HAM D. BOWEN 18920 SW 92 COURT
(Use attachment if necessary)	
() /	
TLE V: Effective date, if other than the date of filir	ng: (OPTIONAL)
CLE V: Effective date, if other than the date of filireffective date is listed, the date must be specific a e of filing.)	and cannot be more than five business days prior to or 90 days :
CLE V: Effective date, if other than the date of filireffective date is listed, the date must be specific at e of filing.) If the date inserted in this block does not meet the	and cannot be more than five business days prior to or 90 days are applicable statutory filing requirements, this date will not be lis
TLE V: Effective date, if other than the date of filireffective date is listed, the date must be specific ate of filing.)	and cannot be more than five business days prior to or 90 days a be applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific a e of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of States.	and cannot be more than five business days prior to or 90 days are applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific at the of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of States.	and cannot be more than five business days prior to or 90 days a be applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific at e of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	and cannot be more than five business days prior to or 90 days a be applicable statutory filing requirements, this date will not be list

Filing Fees:

Typed or printed name of signee

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

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)