L18000078440

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(20011000 21111) (101110)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

Office Use Only



900311261979

900311261979 03/38/18--01802--004 **125.00

SECRETARY OF STATE

FILED 2110 HAR 29 PM 3: 35

DEPARINDMINATE DE DITORNA SER FLORI

T PAH

COVER LETTER

	Filing Section tion of Corporations		
SUBJECT: _	Kare Acstrat	nited Liability Company	
The enclosed	Articles of Organization and fee(s) are	e submitted for filing.	
Please return	all correspondence concerning this ma	atter to the following:	NO SERVICINE NO
_	Jency	Name of Person	
	J		
_			
	2000 iMe	EYCHINTS ROW BUIL APA	-212
	Tallamssee.	TL 32311 City/State and Zip Code SSC(Y) ES(C) LICYMO, COM	·
	E-mail address: (to be use	d for future annual report notification)	•
For further inf	ormation concerning this matter, pleas	se call:	
· , ,_	Jenauc Peaksac	850) 204-10518 Area Code Daytime Telephone Number	८७ - अस्य ध्रमस्य ५ अ
Enclosed is	· . a check for the following amount:		
\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) (additional copy is enclosed)	ed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

अंध्या स्थान

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

4	RT	٦.	\sim	1 1	C 1	1	3.	_	•••		
٠.	ĸı	- 1'	_		r., .		17		111	v.	ì

The name of the Limited Liability Company is:

ARTICLE II - Address:

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

2000 Meichants Rayiond 2000 Merchants Row Blue	Principal Office Address:	Maning Address.
(Apt 212) Tallarasse 71 32511		2000 Merchants Row Blud Tallonasse 71 32511

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:

Florida street address (P.O. Box NOT acceptable) State City

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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

	ARTICLE IV- The name and address of each person authorized	to manage and control the Limited Liability Company:		
	Title:	Name and Address:		
, - 3.	"AMBR" = Authorized Member "MGR" = Manager AMBR	Jemie Fraks 200 Marchanis row blid a Talkhassee 71, 52311	<u>T</u> pt 213	Mark Mark 1 14
			_	
			- - -	
			_	•
				
			 .	•
	,		·.	
	(Use attachment if necessary)			
	CLE V: Effective date, if other than the date of film	og: (OPTIONAL)		
the do	cument's effective date on the Department of Stat	e applicable statutory filing requirements, this date will se's records.	. >4	, were used to w
			<u> </u>	,
	REQUIRED SIGNATURE:	(Perkx)		
	Signature of a member This document is executed in Lam aware that any false infor	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statu mation submitted in a document to the Department of S ny as provided for in s.817.155, F.S.	tes.	·
	<u> </u>	une PerkS ped or printed name of signee	<i>≱</i> ., 2	
	\$125.00 Filing Fee for Articles of Organiz \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	Filing Rees:	2010 MAR 29 PM 3: SUCRETARY OF STA TALL AHASSEE, FLO	FILED