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(Requestor's Name	)		
(Address)			
(Address)			
(City/State/Zip/Pho	ne #)		
PICK-UP WAIT	MAIL		
(Business Entity Na	ame)		
(Document Number)			
Certified Copies Certificate	es of Status		
Special Instructions to Filing Officer:			

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## COVER LETTER

TO:	New Filing Section Division of Corporations		•
SUBJE	CT: E & C FF10  Name of Limited	ricle, LLC	
	Name of Limited	Liability Company	
The end	closed Articles of Organization and fec(s) are sub	omitted for filing.	
' Please i	return all correspondence concerning this matter	to the following:	See . Ship alle .
	Christopher	Inne of Person	
	MON N. MOY	nros St	
	Suite 11-125	Address	
	Tallahusse City  attorney chris  E-mail address: (to be used for	State and Zip Code Onzal @ Smail. Com r future annual report notification)	
For furt	her information concerning this matter, please co	ail:	-
4 ~u.	Name of Person Area	50 ) 980 -8858 a Code Daytime Telephone Number	े महस्य प्रदेश , ५८७
Enclo	sed is a check for the following amount:		
<b>S</b> 125	.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	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	

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
1911, UC		
(Must contain the words "Limited Liability Company, 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: Mailing Address:		
1700 N. Monroz St Svite 11-125 Tallahussez FL 32303 Tallahussez FL 32303		
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:	>\$	. এচড় ১৮৮
Christophi M. O'NEW, Esq.		-
Florida street address (P.O. Box NOT acceptable)		
Tillunus XX FL 32303  City State Zip		
the state of the s	28 HS	
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 capacific further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S	APR -2:	11 E
Registered Agent's Signature (REQUIRED)	PH 12: 17	D

(CONTINUED)

	Title:	Name and Address:
1	"AMBR" = Authorized Member	The september and the septembe
	"MGR" = Manager	Fac S. Friell
	*	1700 N MONOS St. Suits 11-125
	N. C. VO	
	MGR	1700 N Monros St, Suitz 11-125
		Tallahusze FL 32303
•		
		•
	(Use attachment if necessary)	
		Soffiling 3 7.6 18 (OPTIONAL)
(If an	CLE V: Effective date, if other than the date effective date is listed, the date must be sp	pecific and cannot be more than five business days prior to or 90 days after
the de	to of filing )	meet the applicable statutory filing requirements, this date will not be listed as
the do	cument's effective date on the Department	of State's records.
£	CLE VI: Other provisions, if any	S. Siew Grang II.
ARTI	Cists 11: Odier provisions, it may.	
ARTI		
ARTI		

Signature of a member or an authorized representative of a member. This document is executed 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.

Typed 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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

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