1184082825

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (100.000) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| (Bocament Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| Opecial instructions to 1 ming Officer. |
| |
| |
| |
| |
| |
| |
| |

Office Use Only

M. MOON APR 0 4 2018



400311424054

400311424054 04/04/18--01006--017 **125.00

18 APR -4 AM 11:57

18 APR - 4 PM 3: 41

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| EVERYTHING WAS | RADICAL A | AND | | |
|--------------------|--------------|----------|--------------------------------|---|
| NOTHING SUCKED, | LLC | | | |
| | | <u> </u> | | |
| | | <u> </u> | | |
| | | | | <u> </u> |
| | | | Art of Inc. File | |
| | | | LTD Partnership File | |
| | | | Foreign Corp. File | _ |
| | | | L.C. File | |
| | | | Fictitious Name File | <u></u> |
| | | | Trade/Service Mark | |
| | | | Merger File | |
| | | | Art. of Amend. File | <u> </u> |
| | | | RA Resignation | |
| | | | Dissolution / Withdrawal | |
| | | | Annual Report / Reinstatement | |
| | | | Cert. Copy | |
| | | | Photo Copy | |
| | | | Certificate of Good Standing | |
| | | | Certificate of Status | <u> </u> |
| | | | Certificate of Fictitious Name | <u> </u> |
| | | | Corp Record Search | <u>n</u> 60 57 ≥ 25 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1 |
| | | | Officer Search | 73 Ti |
| | | | Fictitious Search | |
| Signature | | | Fictitious Owner Search | <u> </u> |
| | | | Vehicle Search | သွ (်) (၂) |
| | | | Driving Record | - |
| Requested by: Seth | | | UCC 1 or 3 File | |
| Name | Date | Time | UCC 11 Search | |
| | | | UCC 11 Retrieval | _ |
| Walk-In | Will Pick Up | | Courier | |

COVER LETTER

| TO: New Filing Section Division of Corporations |
|---|
| SUBJECT: Everything was Radical and nothing Sucked 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: |
| Michael Politis Esa. Name of Person |
| POLITIS · MATOVINA P.A. |
| Firm/Company |
| 730 DUNLAWTON AUE. Address |
| City/State and Zip Code City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: |
| Marie of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Status & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, 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 Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Everything ceres Radical an (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 street address. | he Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 3258 ESperanza Ave. | SAME |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

32118

(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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

harles Edwin Doy 3258 Esperanza Ave.
Florida street address (P.O. Box NOT acceptable)
Daytona Beach Shores FC 32118

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 familiur with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Signature (REQUIRED)

(CONTINUED)

| <u>litle:</u> "AMBR" = Authorized Member | Name and Address: |
|--|--|
| 'MGR" = Manager | Charles Edwin Doule. |
| 14/11 BK | |
| | 3258 Esperanza Ave Douting Blach Shores Ec3 |
| | |
| AMBR | BILLY T. Regar, JR. |
| | 2748 Ridge Road Doutson a Beach FL 3211 |
| | Doytona Beach, FL 3211 |
| · | |
| | |
| | |
| | • |
| | · · · · · · · · · · · · · · · · · · · |
| | |
| Use attachment if necessary) | |
| Ose actaoninent it treeessary) | |
| ctive date is listed, the date must led filing.) the date inserted in this block does the determined in the Department's effective date on the Department. VI: Other provisions, if any. | ne specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b ment of State's records. |
| ctive date is listed, the date must I f filing.) he date inserted in this block does nent's effective date on the Departi | ne specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b ment of State's records. |
| ctive date is listed, the date must I f filing.) the date inserted in this block does nent's effective date on the Department's CVI: Other provisions, if any. | ne specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b ment of State's records. |
| filing.) the date inserted in this block does nent's effective date on the Departr E VI: Other provisions, if any. REQUIRED SIGNATURE: | not meet the applicable statutory filing requirements, this date will not be ment of State's records. |
| ctive date is listed, the date must If filing.) the date inserted in this block does nent's effective date on the Departr EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is e | not meet the applicable statutory filing requirements, this date will not be ment of State's records. The member of an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. |
| ctive date is listed, the date must If filing.) the date inserted in this block does nent's effective date on the Departr EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is e I am aware that any | not meet the applicable statutory filing requirements, this date will not be ment of State's records. |
| ctive date is listed, the date must If filing.) the date inserted in this block does nent's effective date on the Departr EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is e I am aware that any | a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State |
| ctive date is listed, the date must If filing.) the date inserted in this block does nent's effective date on the Departr E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is e I am aware that any | a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S. |
| ctive date is listed, the date must If filing.) the date inserted in this block does nent's effective date on the Departr EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is e I am aware that any | a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S. Charles Charles Charles Typed or printed name of signee |
| ctive date is listed, the date must If filing.) the date inserted in this block does nent's effective date on the Departr EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is e I am aware that any constitutes a third of | a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S. Charles Charles Typed or printed name of signee |
| ctive date is listed, the date must If filing.) he date inserted in this block does nent's effective date on the Departr E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is e I am aware that any constitutes a third of the state of th | a member of an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S. Charles Charles Typed or printed name of signee Filling Fees: of Organization and Designation of Registered Agent |
| ctive date is listed, the date must If filing.) the date inserted in this block does nent's effective date on the Departr E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is e I am aware that any constitutes a third of \$30.00 Filing Fee for Articles of \$30.00 Certified Copy (Option | a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S. Charles Charles Typed or printed name of signee Filling Fees: of Organization and Designation of Registered Agent al) |
| ctive date is listed, the date must If filing.) the date inserted in this block does nent's effective date on the Department's effective date of the Departm | a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S. Charles Charles Typed or printed name of signee Filling Fees: of Organization and Designation of Registered Agent al) |
| ctive date is listed, the date must If filing.) the date inserted in this block does nent's effective date on the Departre. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is e I am aware that any constitutes a third of the state of | a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S. Charles Charles Typed or printed name of signee Filling Fees: of Organization and Designation of Registered Agent al) |

ARTICLE IV-