L18000113995

(Re	questor's Name)			
DA)	dress)			
— (Ad	dress)			
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
	ss			

Office Use Only



300313024713

05/07/18--01031--027 **125.00

ZOBINAY -7 AM 8: 53

MAY 1 0 2018

COVER LETTER . . .

	New Filing Section Division of Corporations	
SUBJECT	Salty4Eleven LLC	
SOBJECT		ame of Limited Liability Company
The enclos	sed Articles of Organization and	d fee(s) are submitted for filing.
Please retu	urn all correspondence concerni	ing this matter to the following:
	Diego M Larroude	
		Name of Person
	Salty4ElevenLLC	
		Firm/Company
	4 Ave A	
		Address
	Fort Pierce FL 34950	
	diego15tiki@gmail.com	City/State and Zip Code
		to be used for future annual report notification)
For further	information concerning this mat	tter, please call:
	Donna Q Burke	772 708-4555 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed i	is a check for the following amo	ount:
\$125.00 F	-	g Fee & \$155.00 Filing Fee & \$160.00 Filing Fee,
	Mailing Address	Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Salty4Eleven LLC			
(Must conta	ain the words "Limited L	iability Company, '	'L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ac	ddress of the principal of	Tice of the Limited	Liability Company is:
Princips	al Office Address:		Mailing Address:
4 Ave A		4 Ave	: A
Fort Pierce FL 34950)	Fort 1	Pierce FL 34950
The Limited Liability Company	cannot serve as its own l	Registered Agent, Y	t's Signature: ou must designate an individual or
ARTICLE III - Registered Age The Limited Liability Company another business entity with an a	cannot serve as its own lactive Florida registration address of the registered	Registered Agent, Y n.) agent are:	
The Limited Liability Company inother business entity with an a	cannot serve as its own lactive Florida registration	Registered Agent, Y n.) agent are:	
The Limited Liability Company inother business entity with an a	cannot serve as its own lactive Florida registration address of the registered	Registered Agent, Y n.) agent are: urke	
The Limited Liability Company inother business entity with an a	cannot serve as its own lactive Florida registration address of the registered Donna Qvarnstrom Bu	Registered Agent, Y n.) agent are: urke Name	ou must designate an individual or
The Limited Liability Company inother business entity with an a	cannot serve as its own lactive Florida registration address of the registered Donna Qvarnstrom But 4 Ave A	Registered Agent, Y n.) agent are: urke Name	ou must designate an individual or

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)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
	"MGR" = Manager	
	MGR - Manager	Diego M Larroude
	MXX	4 Ave A
		Fort Pierce FL 34950
	MGR	Donna Q Burke
		4 Ave A
		Fort Pierce FL 34950
	(Use attachment if necessary)	
RTI	CLEV: Effective date, if other than the date	of filing: (OPTIONAL)
lfan	effective date is listed, the date must be spe	ecific and cannot be more than five business days prior to or 90 days after
he da	te of filing.)	
		neet the applicable statutory filing requirements, this date will not be listed as
he do	ocument's effective date on the Department of	of State's records.
RTI	CLE VI: Other provisions, if any.	
_	· · · · · · · · · · · · · · · · · · ·	
	DECLINE SIGNATURE	
	REQUIRED SIGNATURE:	, ,
	- tu	to Lamonde
	Signature of a me	wher or an authorized representative of a member

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. 1 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.

Diego M Larroude

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)
- \$ 5.00 Certificate of Status (Optional)

Salty4Eleven LLC

Mr. Diego Larroude

4 Ave A Fort Pierce FL 34950

772.216-0739

diego15tiki@gmail.com