4800047972

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

Office Use Only



200313794052

200313794052 05/23/18--01002--016 **160.00



STURETARY OF STATE VALUE ARASSIE FLOSIE

南門氏の

D O'KEEFE MAY 23 2018

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: E&T AU to Seculle 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:
Benedition Morarca
435 Old Banhridge Rd
JS/Khassee At 22303 City/State and Zip Code
City/State and Zip Code ENStopnote 1250 (Vice sq. 9 May) (OM) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Revolute Magazier at (561) 557-0607 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee. Certificate of Status & 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

Mailing Address:

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

ARTICLE 1 - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

	any cannot serve as its own an active Florida registratio		ou must designate an individu	ដា បក
he name and the Florida str	eet address of the registered	agent are:		
-	Benidela	Name Mosser	an, _	
		Name	8	
	438 and 6	Bush & March	•	
	Florida street addres		ceptable)	
	T3/12/605EE	fc 36303		
	City	State	Zip	
		ing of propage for the	above stated limited liability c	ompany at th

Registered Agent's Signature (REQUIRED)

(CONTINUED)

MAY 23 PH 12: 5

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)

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

ARTICLE IV-