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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: E S Claming Solutions Name of Limited Diability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Lovenio Plis Name of Person	
3002 Hunilwood CT Address Tallaharsee F 32303 City/State and Zip Code Corewo Elis 525 Damail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	FILED
Name of Person Area Code Daytime Telephone Number Finclosed is a check for the following amount:	
\$125.00 Filing Fee & Certificate of Status Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RΊ	۲ī	(F	ĭ	_	Νa	m	e:
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The name of the Limited Liability Company is:

(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 Limited Liability Company is:

Principal Office Address:	Mailing Address:		
2002 Homewood Ct	SANE		
TATIA hasser Fl			
32304			

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:

Name

Sicoz Homilwood Cf

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

[Alahas & Zip

City State Zip

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 py position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

1 8 1 1 T

ARTICLE IV- The name and address of each person authorize	ed to manage and control the Limited Liability Compa	my:		
Title: "AMBR" = Authorized Member "MCR" = Manager Amb D	Name and Address: Lots P Stevens 525 S- Cleve (and St. Duncy Flis 2002 Homerand Ct. The I a mocce to 32307			
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of fili (If an effective date is listed, the date must be specific the date of filing.) Note: If the date inserted in this block does not meet to the document's effective date on the Department of States of the document of States of the document of States of the document of States of the Other provisions if any the Other provisions is any the Other provision in the Other provisions is any the Other provision in t	and cannot be more than five business days prior t he applicable statutory filing requirements, this date	o or 90 days		
This document is executed in I am aware that any false info constitutes a third degree felo	er or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida S ormation submitted in a document to the Department of	Statutes. of State AHASSEF. FLOR	2010 JUN 28 PH 1:1	