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PICK-UP WAIT MAIL		
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## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Moderately Disressected UC 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:
Malissa Contay
Name of Person \(\frac{1}{2}\)
Firm/Company
102 Worden Mill Terrace
Jupiter, Fl 33458  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Molisso Con OH 5(01) 427 4256  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  S130.00 Filing Fee Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Street Address  No. 17 (1977)

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

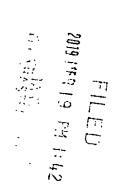
## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Mode (Musi conta	eyertely Disres	Dectful LLC Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	ddress of the principal office of th	e Limited Liability Company is:
<u>Princip</u> :	al Office Address:	Mailing Address:
102 Wooder	Mill Terrace 33458	Jupiter, FL 33458
Jupiter, FL	33458	3(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(
ARTICLE III - Registered Age	ent, Registered Office, & Regist cannot serve as its own Registere	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, & Regist cannot serve as its own Register active Florida registration.)	ered Agent's Signature: Ed Agent. You must designate an individual or
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, & Regist cannot serve as its own Registere active Florida registration.)	ered Agent's Signature: Ed Agent. You must designate an individual or
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, & Regist cannot serve as its own Registered active Florida registration.)  address of the registered agent are Menissa. Consumer 102 Wooden Florida street address (P.O. Bertalia and Consumer 102 Wooden 103 Bertalia and Consumer 103 103 Bertalia and	ered Agent's Signature: ed Agent. You must designate an individual or e: CMMY  Mill Teyrace

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..

Monloy
Registered Agen (Signature (REQUIRED))

(CONTINUED)



Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
<u>\$73400</u>	
	1 2 2 2
MGR	Menssa Conbay 102 Wooden Mill Terrace Jupiter, FL 33458
(Use attachment if necessary)	
the date of filing.)	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory tiling requirements, this date will not be listed as of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
	Monly Coulous
This document is execu I am aware that any falso	ember or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
	Typed or printed name of signee
	Filing Fees: ganization and Designation of Registered Agent
	ganization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Option	nal)

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