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N CULLIGAN MAY 2 3 2019

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Frog S Pond Casoizos LLC 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:
Smanuel J. Vidal Name of Person
Name of Person
Firm/Company
2831 plunkett Storet Address
Hollywood FL 33020 City/State and Zip Code Googs Pond Cast ield Gomail Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cracinal J, Vidal at (754) 779-9465 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section

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

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Frog's Pond Corriers LLC (Must contain the words "Limited Liability Com	
(Must contain the words "Limited Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Li	mited Liability Company is:
Principal Office Address:	Mailing Address:

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	ог

another business entity with an	active Florida registration	on.)		 1		
The name and the Florida street	address of the registered	d agent are:	,	SEUA	19 MA	
	Emanuel	J. Vida /			<u> </u>	
	2-831 pluist	eff Stoce		#1	3	
	Florida street addres	SS (P.O. Box <u>NOT</u> FL	33020	0.5	:: မ	
	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 my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager _MGR	Enanue J. Vida 2831 Phinlicht Stockt Hollywood FL 33020
AMBR	Nicholas Smith 50 6 3386 NW 196 Ln 5 migmi FL 33056
_	
(Use attachment if necessary)	
an effective date is listed, the date must b date of filing.)	date of filing: 05/22/20/9. (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records.
TICLE VI: Other provisions, if any.	

REQUIRED SIGNATURE:

ADTICLE IV

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. I 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.

Emanue/J. Vic 9 /
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)