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# TO: **New Filing Section** Division of Corporations The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a cheek for the following amount: \$160.00 Filing Fee, \$125.00 Filing Fee **81**30.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

COVER LETTER

## 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

(additional copy is enclosed)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	R	Τl	CI	ŀŁ.	1 -	Na	me	

The name of the Limited Liability Company is:

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

#### ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
250 Westing Averue	250 Westington Avenue
Hara (F) 32333	Harry - 1233

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:

Justin Simmons

Name

250 Wishing to Avonce

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

Having Florida 32333

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. Thereby 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)



Title:	Name and Address:
"AMBR" = Authorized Memi	Justin Radich Simms  250 Washington Avenue  Haung Fl. 32333
(Use attachment if necessary)	)
(If an effective date is listed, the date the date of filing.)	han the date of tiling:
ARTICLE VI: Other provisions, if any	· · · · · · · · · · · · · · · · · · ·
REQUIRED SIGNATURE	I de la companya della companya della companya de la companya della companya dell
This docume I am aware t	ure of a member or an authorized representative of a member. ent is executed in accordance with section 605.0203 (1) (b). Florida Statutes, hat any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155. F.S.
	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)