Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855) 498-5500

Fax Number : (800) 432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

SMA11	Address:			

FLORIDA LIMITED LIABILITY CO. MANALAPAN ABOVE AND BEYOND, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	New Filing Section Division of Corporations		
cum m.c	Manalapan Above and Beyond, l	LLC	
SUBJEC		f Limited Liabil	ity Company
The encle	osed Articles of Organization and feet	s) are submitted	for filing.
Please re	turn all correspondence concerning th	is metter to the 1	following:
	Heidi Hornung-Scherr		
		Name of	Person
	Scudder Law Firm		
		Firm/Co	mpany
	411 South 13th Street, Suite 200		
		Adda	253
	Lincoln, NE 68508		
	hschem@scudderlaw.com	City/State an	d Zip Code
	E-mail address: (to be	used for future a	annual report notification)
For further	information concerning this matter, p	lease call:	
	Heidi Hornung-Scherr	402	435-3223
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	is a check for the following amount:		
\$125.00	Filing Fee \$130,00 Filing Fee Certificate of Statu	s LiCertifi	of Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailion Address New Piling Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Sirret Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

The name and the Florida street address of the registered agent are:

ARTRIESON ORGANIZATION PORVIDA	IDALOWI EDLANDIZATION PART
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Manaispan Above and Beyond, LLC	
(Must contain the words "Limited Lishil	ity 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:
85 Curlew Rd	85 Curlew Rd
Manalapan, FL 33462	Manalapan, FL 33462
	` <u></u>
ADTICE P.III. Danishanid Aniis Dinishid Office & Danish	
ARTICLE III - Registered Agent, Registered Office, & Re	
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)	

Christopher A. Munro Name 85 Curlew Rd Florida street address (P.O. Box NOT acceptable)

Manalapan Florida 33462 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 occupt 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)

Christopher A. Munro Typed or printed name of signee	Title:		Name and Address:	
(Use attachment if necessary) (Use attachment if necessary) (CLE V: Effective date, if other than the date of filing:				
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