## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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(((H20000046592 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381.

From:

Account Name : FILINGS, INC. Account Number : 072720000101

: (954)791-2100:

Fax Number

: (954)583-4117

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

Email	Address:			

## FLORIDA LIMITED LIABILITY CO. SC911, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

T. BURCH

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER	
TO: New Filing Section Division of Corporations	
SC911, LLC SUBJECT:	
Name of Limited Liability Comp	any
The enclosed Articles of Organization and fee(s) are submitted for filing	
Please return all correspondence concerning this matter to the following	
Staci J. Rutman	
Name of Person	
Staci J. Rutman, P.A.	
Flrm/Company	
1680 Michigan Avenue, Ste. 700	
Address	
Miami Beach, FL 33139	·
City/State and Zip Coo	c
srutman@nutmanpa.com	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, please call:	
Staci J. Rutman 786 999-03:	<b>22</b>
Name of Person Area Code Daytin	ne Telephone Number
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Certificate of Status Certified Copy (additional copy is a	Certificate of Status &
Moiling Address Street Ad	<u>dress</u>
New Filing Section New Filing	3 Section
	f Corporations
	nicing autive Center Circle
	ee, FL 32301

## ARTICLES OF ORCANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:					
SC911, LLC (Must con	atin the words "Limited	d Liability Comp	any, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street a						
Princip	al Office Address:		Mailing Address:			
9111 Collins Avenue Miami Beach, FL 33			9111 Collins Avenue, N-911 Miami Beach, FL 33154			
MOUNTER DUSINESS CHURY WITH AN 8	cannot serve as its own active Florida registrati	n Registered Age on.)	Agent's Signature: int. You must designate an individual or	SECRETA TALLAHAS	2028 FEB	T
The name and the Florida street	•	•		RY SEI	0	
•	Staci J. Rutman, P./			<u>.</u> ``⊆:	<u>≯</u>	
		Name			<u>۾</u>	C
	1680 Michigan Ave	nue, Ste. 700		SE	<del></del>	
	Plorida street addres		T acceptable)	2011	œ	•
	Miami Beach, FL 33	1139				
	City	State	2.ip			
Having been named as registered a	gent and to accept serv	ice of process for	the above stated limited liability compan	vatiha		

Having been named us 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)

H20000046592

Title: "AMBR" = Author		Name and Address:	
"MGR" = Manager	r		
<u>AP</u>		Staci J. Rutman	
	•	1680 Michigan Avenue, Stc. 700 Miami Beach FL 33139	<u> </u>
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