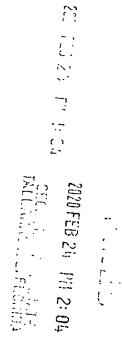
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(Requestor's Name)	
	Address)	
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	Address)	
(City/State/Zip/Phone #)	,
PICK-UP	MAIT	MAIL
	Business Entity Name)	.
(Document Number)	
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K Brumpley

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

13511 SW 98 LLC	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
1	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: Seth 02/24/20	UCC 1 or 3 File
Name Date Time	UCC 11 Search
name Date rime	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

13611 0111 00 1				
13511 SW 98 LI	JC	-		
(WIUSE)	conatin the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and stre	et address of the principal o	ffice of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
1515 N. FEDER	AL HIGHWAY	151	1515 N. FEDERAL HIGHWAY	
STE 300			STE 300	
BOCA RATON, FL 33432		BO	BOCA RATON, FL 33432	
The name and the Florida str		agent are:		
	PETER HANDY			
		Name		
	1515 N. FEDERAL I	HIGHWAY, STE 3	00	
	Florida street address	(P.O. Box NOT a	cceptable)	
	BOCA RATON	<u>FL</u>	33432	
	City	State	Zip	
lace designated in this certific orther agree to comply with th	ate, I hercby accept the appo e provisions of all statutes re e abligations of my position o	intment as register luting to the proper	above stated limited liability comped agent and agree to act in this ca and complete performance of my as provided for in Chapter 605, F.S. urc (REQUIRED)	pacity. I

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
<u>MGR</u>	PETER HANDY 1515 N FEDERAL HIGHWAY STE 300 BOCA RATON, FL 33432
(Use attachment if necessary)	
(ose attachment if necessary)	
LE V: Effective date, if other than the date fective date is listed, the date must be spen of filing.) If the date inserted in this block does not ument's effective date on the Department	meet the applicable statutory filips requirements, this date will not be listed
LE V: Effective date, if other than the date fective date is listed, the date must be specifiling.) If the date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filips requirements, this date will not be listed.
LE V: Effective date, if other than the date fective date is listed, the date must be spen of filing.) If the date inserted in this block does not ument's effective date on the Department	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filips requirements, this date will not be listed
LE V: Effective date, if other than the date ffective date is listed, the date must be specifiling.) If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mathematical This document is executed am aware that any fals.	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filips requirements, this date will not be listed

as

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)