# L20000185602

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Onyotate/Zip/i Hone ii)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **CORPORATE**

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INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### **WALK IN**

хх	CERTIFIED COPY			
	РНОТОСОРУ			
	CUS			
хх	FILING	LLC		
S	USIE MOORE INTER	RNATIONAL, LLC		
	CORPORATE NAME AND DOCU			
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	ORPORATE NAME AND DOCU	GMENT #1	<del></del>	

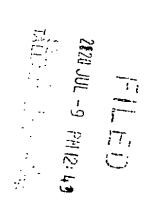
#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	ility Company is:		
Susie Moore Inter	national, LLC		
(Must co	ontain the words "Limi	ted Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and stree	t address of the princip	al office of the Li	mited Liability Company is:
Princ	ipal Office Address:		Mailing Address:
1100 Brickell Bay Drive			1100 Brickell Bay Drive
Apt. 74A			Apt. 74A
Miami, FL 33131		<u>-</u>	Miami, FL 33131
ARTICLE III - Registered A The Limited Liability Compa nother business entity with a The name and the Florida stre	ny cannot serve as its on active Florida registr	own Registered Apartion.)	gent. You must designate an individual or
		Name	
	1100 Brickell Ba Florida street add	y Drive, Apt. 74A Iress (P.O. Box <u>N</u>	
	Miami	FL	33131

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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)



#### ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Heath A. Collins
. Maria	1100 Brickell Bay Drive, Apt. 74A
	Miami, F1. 33131
NADD	
AMBR	Susan Danuta Timmins 1100 Brickell Bay Drive, Apt. 74A
	Miami, FL 33131
If an effective date is listed, the date must be spec he date of filing.)	f filing:
RTICLE VI: Other provisions, if any.	state s records.
REFECT. VI. Other provisions, if any.	
	· · · · · · · · · · · · · · · · · · ·
REQUIRED SIGNATURE:	h Collin
This document is executed 1 am aware that any false in	ther or an authorized representative of a member.  I in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.
Heath A. Collins	
	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)