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(F	Requestor's Name)	3333331
	Address)	
( <i>F</i>	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	<del></del>
(C	Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions t	co Filing Officer:	

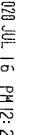
Office Use Only



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## COVER LETTER

TO: New Filing Section		_
Division of Corporations		$\mathcal{D}_{\mathcal{I}}$
SUBJECT: Rune of L	ADDSTUKS A	
The enclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
DAVIE VIC;	A A LEXA Name of Person	NDRE
1/ictor L	AW CENTERS	S. P. A.
360/S.E.	Firm/Company	1 # 003
Stuart	Address 3494	6
_ Otauren	City/State and Zip Code  City/State and Zip Code  Of for future annual report notification)	6m
For further information concerning this matter, please	se call:	
SANE at (	863, 800-55c	<u>5</u> 5
Name of Person	Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\ Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	0 Filing Fee, cate of Status & ed Copy tall copy is enclosed)
Mailing Address	Street Address	~>>
New Filing Section	New Filing Section	2020 JUL
Division of Corporations	Division of Corporations	$\bar{\epsilon}$
P.O. Box 6327 Tallahassee, FL 32514	Clifton Building 2661 Executive Center Circle	<u></u>
	Tallahassee, FL 32301	5

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:
(Must contain the words "Limited Liability 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:  360/SE OUDER SHIP SAME  Specific FO 34996
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:  **DEAD COLOR STATE OF THE
Florida street address (P.O. Box NOT acceptable)  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 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 Member "MGR" = Manager)	Jania With Hann
HUBR.	360151- (200 Block)
100	Stulit 1 34996"
MGR	SALL
	- MAE
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