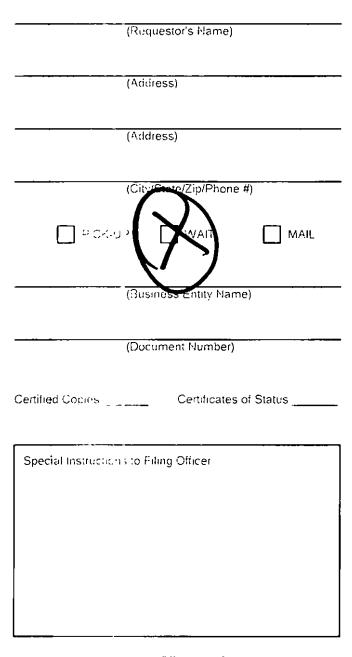
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FRATE

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Organization and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hotowing 1005 Name of Person
Firm/Company
50 W Charless
Muncy Fla
Chy/State and Zip Code WWW STAS DIEN WIENDO COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person S Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐\$125.00 Filing Fee ☐\$130.00 Filing Fee & ☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee. Certificate of Status (additional copy is enclosed) ☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FI. 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

[]	TRE	Promotio	N ILC
 (Must contain		Liability Company, "L.L.C.,"	

Principal Office Address:	Mailing Address:
512 12 Clark ST	JOHN CLAKST
Curacy (-1 33351	32351
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	ed Agent's Signature: 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:	
Batania Love	r-
Name	
SD W (1 rich su	· ·
Florida street address (P.O. Box NOT acceptable)	,
Aur. (7 32351	1'
City State Zin	

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 (REOBIRED

(CONTINUED)

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
WORK - Manager		

and the same of the same		
(Use attachment if necessary)		
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Filing Fees:

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