

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

Emall	Address:		

## FLORIDA LIMITED LIABILITY CO. 1034 LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Electronic Filing Menu

Corporate Filing Menu

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## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT:
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gretchen Langley
Name of Person
1034 LLC
Firm/Company
2299 McCall Bridge Rd
Address
Junay FC 3235/
City/State and Zip Code  1   Q   Q   Q   Q   T   T   Q   Q   C   C   M
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cretalong et at (880) 491-2605  Name of Person 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 & Certificate of Status &
(additional copy is enclosed)
Mailing Address Street Address
Division of Corporations The Centre of Tallahassee
P.O. Box 6327  Tallahassee, FL 32314  Tallahassee, FL 32303  2415 N. Monroe Street, Suite 810  Tallahassee, FL 32303

ARTICLE I - Name:

## ARTICLES OF ORGANIZATION FOR FLORIDALIMITY DILABILITY COMPANY

The name of the Limited Liability	_ompany is:	_	
	34	LCC	
(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:	Mailing Address:
2299 McCall Bridge	7.0. Box 946
Loud Quincy	QUINCY FC

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:

Name

2299 MCCall Bridge Da

Florida street address (P.O. Box NOT acceptable)

Quincy FC 3235

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)

"AMBR" = Authorized Member "MGR" = Manager  WG  PROBLE  PROBLE	ta Langley L. Cangley
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