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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

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CAPITAL CONNECTION, INC.

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

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Annual Report / Reinstatement					RA Resignation
Cert. Copy					Dissolution / Withdrawal
Photo Copy					Annual Report / Reinstatement
Certificate of Good Standing					Cert. Copy
Certificate of Status			ļ		Photo Copy
Certificate of Fictitious Name					Certificate of Good Standing
Corp Record Search			ļ		Certificate of Status
Officer Search					Certificate of Fictitious Name
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		Will Pick Up			Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

IASPA LI	ıc				
	the words "Limited Li	ability Company, "L.1	L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street addr	ess of the principal off	ice of the Limited Lia	bility Company is:		
Principal C	Office Address:		Mailing Address:		
104 CRANDON BLVD KEY BISCAYNE, FL 3			ANDON BLVD, STE 415 SCAYNE, FL 33149		
		_			
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an acti	innot serve as its own F	Registered Agent. You	Signature: I must designate an individua		
(The Limited Liability Company ca	innot serve as its own F ive Florida registration	Registered Agent. You .)	Signature: I must designate an individua		
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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, Agentes Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:	
"AMBR" = Autho		
"MGR" = Manage		
MGR	DOLORES URDAPILLETA 104 CRANDON BLVD, STE 415	
	KEY BISCAYNE, FL 33149	
(Use attachment i		
CLE V: Effective date is lister e of filing.) If the date inserted cument's effective of the country of the cou	in this block does not meet the applicable statutory filing requirements, this date will not be date on the Department of State's records.	
CLE V: Effective date is lister e of filing.) If the date inserted cument's effective of the country of the cou	in this block does not meet the applicable statutory filing requirements, this date will not be date on the Department of State's records.	
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CLE V: Effective date is listed of filing.) If the date inserted cument's effective of CLE VI: Other proving REQUIRED SIGNATURES	in this block does not meet the applicable statutory filing requirements, this date will not be date on the Department of State's records. GNATURE: Docusigned by: Dolorts Urdapilleta Signature of a member or measurement backing of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. am aware that any false information submitted in a document to the Department of State	