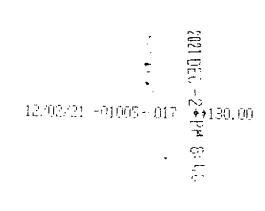
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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TOFC - 2 By A A

## COVER LETTER

TO: New Filing Sec Division of Cor		, (	- 110
SUBJECT: BE	ARVENSK Name of Limi	ted Liability Company	ES, LL
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this mat	DAVENSKY Name of Person	
1169	9 N Endos	Firm/Company	7)
Pom	HACTER BACK	Address  Address  Address  Ity/State and Zip Code  Ity/State and Zip Code  Ity/State and Zip Code  Ity/State and Zip Code	3064 : 2000 : 20
For further information co	ncerning this matter, please	call:	·
Cade	ATTRICKY_at ( )	305 319 - 30 ca Code Daytime Telephon	<u>* V</u>
Enclosed is a check for t	he following amount:		
□\$125.00 Filing Fee		□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address	Street Address Now Filing Section D	ivision

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Company, "L.L.C.," or "L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
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:  CAC AU BANENSO  Name  Horida street address (P.O. Box NOT acceptable)  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. Thereby 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)  (CONTINUED)  (CONTINUED)  (CONTINUED)

TAXID: 87-37-35043

Ti <u>tle:</u>	V.m. and Address	
"AMBR" = Authorized Member "MGR" = Manager	Name and Address:  CAR PAUL BARVENSKY  4699 N Federal Hury Ste 101  Pombaro Booch, FL 33064	/
(Use attachment if necessary)	ate of filing: (OPTIONAL)	
If an effective date is listed, the date must be be date of filing.)	specific and cannot be more than five business days prior to or 90 c	
<u>Note:</u> If the date inserted in this block does not the document's effective date on the Department	of meet the applicable statutory filing requirements, this date will not left of State's records.	be fisieu :
he document's effective date on the Departme ARTICLE VI: Other provisions, if any.	ent of State's records.	be listed :
he document's effective date on the Departme.  (RTICLE VI: Other provisions, if any.	of meet the applicable statutory filing requirements, this date will not lent of State's records.	1010 1010 1010
he document's effective date on the Departme.  (RTICLE VI: Other provisions, if any.	ent of State's records.	2 - 3 <mark>10   13</mark> 2
REQUIRED SIGNATURE:  Signature of a This document is exe Lam aware that any f	ent of State's records.	Signal digital

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)