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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: AROTHER PRINCES LUC
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:
ENSIELLE Romero Name of Person
Firm/Company
1121 Sw 105 the Unit 320) Address
City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code Espail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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 Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810Tallahassee, FL 32314Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u> </u>	nevo Servi	inces lic		
(Must contain	the words "Limited"	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	ress of the principal o	office of the Limited	Liability Company is:	
<u>Principal</u>	Principal Office Address:		Mailing Address:	
1121 Sub 105 Millim, Fl.	23174 WILL 2	720 <u>112</u>	1121 Sw 105 NP Unit 320 Mignin, FL 33:74	
another business entity with an act	annot serve as its own ive Florida registratio	Registered Agent. \on.)	nt's Signature: You must designate an individual or	
The name and the Florida street add	_	•		
-	<u> </u>	Name Konte	iro	
	1121 Sw 105 Florida street address			
	Migmi	Fi	20:74	
		State	Zip	
-	City	State		
place designated in this certificate. I h	ent and to accept servi hereby accept the appo isions of all statutes re	ice of process for the ointment as registere elating to the proper	above stated limited liability company at the rd agent and agree to act in this capacity. I and complete performance of my duties, and	
place designated in this certificate, I h further agree to comply with the provi	ent and to accept servi hereby accept the appo isions of all statutes re ations of my position of	ice of process for the ointment as registere elating to the proper as registered agent o	ahove stated limited liability company at the ed agent and agree to act in this capacity. I and complete performance of my duties, and sprovided for in Chapter 605, F.S	
place designated in this certificate, I h further agree to comply with the provi	ent and to accept servi hereby accept the appo isions of all statutes re ations of my position of	ice of process for the ointment as registere elating to the proper	above stated limited liability company at the ed agent and agree to act in this capacity. I and complete performance of my duties, an us provided for in Chapter 605, F.S	

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" =	Authorized Member		
"MGR" = N			
1710710 - 14	AMPR	Comma Person	
	MIN	hissilt kennero	
		1121 SW 105 Thus Whit 220	
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