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# **COVER LETTER**

TO:

New Filing Section Division of Corporations

SUBJECT: GUYTHEMBERG 24 LLC  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:		
HENRY JE	Name of Person	
GUYTHEMBERG 24 Firm/Company		
30/1 NW 35 ROAD APT 205		
LAUSERAALE LAKES FL 33311		
City/State and Zip Code  GUYTHEMBERG YAHOO, CO M  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
HENRY JEAN-LOUIS at (954) AGA-09/4  Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
□\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status	□S155.00 Filing Fee & Certified Copy (additional copy is enclosed)  □S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address	Street Address	
New Filing Section	Many Filling Continu Division	
Division of Corporations	The Centre of Tallahassee	
P.O. Box 6327	2415 N. Monroe Street, Suite 810	
Tallahassee, FL 32314	Tallahassee, FL 32303	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

(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:
3011 NW 35 ROAX	3011 NW 35 ROAD ATT 205
AFT 205	CAUSERDAIR LAKES FL
CAMBERBAIL LARES PL 23311	<del></del>

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:

HENRY JEAN-LOUIS

3011 NW 35 ROAD AT 205

riorida sirect address (r.O. Box NOT acceptable)

City State 7in

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)

(CONTINUED)

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# ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR LAUSERSALE LAKES FL 3331 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)