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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
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Office Use Only



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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

FURMESTATE 9302 LLC  Att of lac. File LTD Partnership File Foreign Corp. File LC. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Record Search Fictitious Search Fictitious Search Fictitious Search Fictitious Search Vehicle Search Diving Record UCC 1 or 3 File UCC 11 Search Name Date Time UCC 11 Retrieval			
Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File  Fictitious Name File  Fictious Name File  Trade/Service Mark  Merger File  Art. of Amend. File  RA Resignation  Dissolution / Withdrawal  Annual Report / Reinstatement  Cert. Copy  Photo Copy  Certificate of Good Standing  Certificate of Status  Certificate of Fictitious Name  Corp Record Search  Officer Search  Fictitious Search  Fictitious Search  Fictitious Name  Corp Record Search  Officer Search  Fictitious Search  Diving Record  Webick Search  Driving Record  Requested by: SETH  Name  Date  Time  UCC 11 Search	FURMESTATE	E 9302 LLC	
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## COVER LETTER

170: New Filing Section Physician of Corporations	
14): Division of Care	
SURFET:Name of Limited Liability	-125 LUC 1300 LU
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The enclosed Articles of Organization and fee(s) are submitted for	or tiling.
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E-mail address: (to be used for future	askila amail com
For further information concerning this matter, please call:	annual report notification)
this matter, please call:	
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Enclosed is a check for the following amount:	
75105 00 100 100 100 100 100 100 100 100	
Cariforn Co	55.00 Filing Fee & S160.00 Filing Fee.
	rified Copy  Certificate of Status &  Certified Copy  (additional copy is enclosed)
<b>N</b> 4 M	- my y to conclosed
Mailing Address New Fillian S	Street Address
New Filing Section Division of Corporations	New Filing Section
P.O. Box 6327	Division of Corporations Clifton Building
Tallahassec, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

			I was solo	10920211
(Must con	tain the words "Limited Liabil	ity Company, "L.L.C.	"or "LLC.")	<u>10 10000000000000000000000000000000000</u>
ARTICLE II - Address: The mailing address and street a				
	al Office Address:		Mailing Address:	
19501 E 19303 Aventur	Country club Dr. 33180	17	157 NE 193 ] Nami FL 3	<u>Terro</u> ce 3179.
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	active Florida registration.)	are:  TOYMANS	ature: It designate an individual	DZ HAY -5
	1950) E. C Florida street address (P.O.	ountry club	<u>Dr.</u> # 9302.	PH 3: 1
	<u>Aventura</u>		33180 <u> </u>	
Having been named as registered of place designated in this certificate, further agree to comply with the pram familiar with and accept the ob-	I hereby accept the appointment ovisions of all statutes relating	nt as registered agent of to the proper and com-	and agree to act in this ca where performance of my t	pacity. I duties, and I

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MOR - Manager MGR:	Mara tivroconcia
	Mic Furmansky
	#9302 AVENTUR FL 33180
MC12.	
	Notalie Furmansonio Dr.
	19501 E. COUNTRY (100 0)
MC 0	
MGR	Mariana Furmansh
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ctive date is listed, the date must be	specific and cannot be more than five business days prior to or 90 timest the applicable statutory filing requirements, this date will not
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ARTICLE IV-