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(Red	questor's Name)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies		
Special Instructions to F	Filing Officer:	

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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Salty ESONS Fig Herior 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:
Christoper A - 10/14
Name of Person
Firm/Company
5934 Deer Paru Circle
5934 Deer Paru Circle Address Tall FL 32305
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytine Telephone Number
Mane of Action Action Day and Action Day
linelosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status Certificate of Status & Certificate of

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address 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 1 - Name:

The name of the Limited Liability Company is:

Salty E Sons Etterior L.C."

(Must rontain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
5984 Decr Parch Cir	5934 Deer parch
	Citan
1611 FL 323 05	Tall FL 32305
	- · · · · · · · · · · · · · · · · · · ·

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:

Name

Name

S934 Deer Park circle

Florida street address (P.O. Box NOT acceptable)

Tallahossee EL 23305
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)

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1012 JUL 22 AM 2: 53

Title:	Name and Address:
"AMBR" = Authorized Member	Chris Tully
"MGR" = Manager	Same and Address: CWIS TUNY 5934 Deer Dady Citch
AMBR	5954 Deer Dady Circh
	<u> 44 FL 32364</u>
	
-	
f an effective date is listed, the date must line date of filing.)	e date of filing:
RTICLE VI: Other provisions, if any,	,
	7
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
Signature of This document is a I am aware that an constitutes a third	f a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b). Florida Statutes, y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
Signature of This document is a I am aware that an constitutes a third	f a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b). Florida Statutes, y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
Signature of This document is a Lam aware that any constitutes a third	f a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b). Florida Statutes, y false information submitted in a document to the Department of State

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)