(73000007775

(Requestor's Name)	_
(Address)	
(Address)	—
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
tified Copies Certificates of Status	
	\neg
regeral Instructions to Filing Officer:	

Office Use Only



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COVER LETTER

TO: New Filing Se Division of Co			
		Runch	LLC
SUBJECT:	(Name of Res	sulting Florida Limited	Company)
The enclosed Articles Business Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organization, ability Company" i	and fees are submitted to convert an "Other a accordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:	
Conor	(Contact Person)		
	(Contact Person)		
	(Firm/Company)		
1-1607 1	Ashley Lake	Circle	
Vero B	Ashley Lake (Address) Deach FL	32967	
((City, State and Zip Code)		
Conorw	rals h 10 yakov. co	eport rotifications)	
	on concerning this ma		
Conor	CI Person)	_at (<u>\$45</u>)_	987-2718
(Name of Conta	ct Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check f dollars and drawn on	or the following amou a bank located in the	unt: (All checks prod United States)	cessed by this office must be payable in US
S150,00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	A\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fea and Certified Copy	Certificate of Status
Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, 1	ection orporations 7	Ne Di Th	reet Address: We Filing Section vision of Corporations The Centre of Tallahassee 15 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Comp	any is:
Walsh Rai	ich LLC
(Must contain the words "Limite	d Liability Company, "L.L.C.," or "L.L.C.")
ARTICLE H - Address: The mailing address and street address o	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4607 Ashley Lake Cir Vero Beach Fl 32967	Sime
Vero Beach F1 37967	
ARTICLE III - Registered Agent, Reg (The Limited Limbility Company cannot serve as its o business entity with an active Florida registration.)	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another
The name and the Florida street address	of the registered agent are:
Conor	Walsh Name
	Name
4607 As	hley Lake Cir ss (P.O. Box <u>NOT</u> acceptable)
Vero Beac	4 FL 32967 Zip
City	Zip
liability company at the place design registered agent and agree to act in thi statutes relating to the proper and con accept the obligations of my positio	at and to accept service of process for the above stated limited mated in this certificate, I hereby accept the appointment as a scapacity. I further agree to comply with the provisions of all amplete performance of my duties, and I am familiar with and in as registered agent as provided for in Chapter 605, F.S 1's Signature (REQUIRED)
Kegistered Agen	c s organitate (reconcers)

(CONTINUED)

Fitte:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	- Your Walsh - Y607 Ashley Lake Cir Vero Bagch F1 32967
* ************************************	
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(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any.	
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LE V: Other provisions, if any.	
Signature of a member or This document is executed in accordance any false information submitted in a document or a provided for in s.817.155, F.S.	ument to the Department of State constitutes a third degree f
Signature of a member or This document is executed in accordance any false information submitted in a document or a provided for in s.817.155, F.S.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware ament to the Department of State constitutes a third degree for yped or printed name of signee

ARTICLE IV-