## 12000015526

<del></del>	(Requestor's Name)	<del></del>
	(Address)	<del></del>
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	s to Filing Officer:	
<u> </u>		





400391229874

A Allaha

SECKETARY OF STATE

0

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	۸	R	T.	IC	LF.	[	-	N	a	me:	:
--	---	---	----	----	-----	---	---	---	---	-----	---

The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L.L.C.," of "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:
816 Hardin St	
Minor VEI,	
32351	

## 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:

James Bruie

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

Guinay FL 3235

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 turther 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 us provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	James Bouil.  Alb Harding + 32351
(Use attachment if necessary)	
If an effective date is listed, the date must be sp- he date of filing.)	of filing:
<u> </u>	
REOUIRED SIGNATURE:	na Boule
This document is execu I am aware that any falso	ember or an authorized representative of a member.  ted in accordance with section 605.0203 (1) (b), Florida Statutes, a information submitted in a document to the Department of State as felony as provided for in s.\$17.155, F.S.
	Typed or printed name of signee
	Typed or printed name of signee

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

Filing Fees:

\$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)

SECRETARY OF STATE