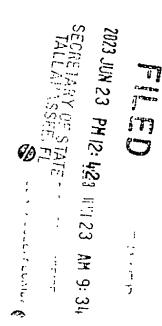
	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to	Filing Officer:				

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CORPORATE ACCESS, _____

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236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: **MISTY 6/23 CERTIFIED COPY** $\mathbf{X}\mathbf{X}$ **PHOTOCOPY CUS** LLC ____ $\mathbf{X}\mathbf{X}$ FILING FRANKSTERS GANGSTERS, LLC (CORPORATE NAME AND DOCUMENT #) SPECIAL **INSTRUCTIONS:**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabili	ty Company is:			
FRANKSTERS GAI	NGSTERS, LLC			
(Must cont	ain the words "Li	nited Liability Cor	npany. "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street a	ddress of the princ	ipal office of the L	imited Liability Company is:	
•	•	•		
<u>Princip</u>	al Office Address	: :	Mailing Address:	
2169 Driftwood Cir.			2169 Driftwood Cir.	
Palm Beach Gardens	FL 33410		Palm Beach Gardens, FL 33410	
				
ARTICLE III - Registered Age	ent. Registered ()	ffice & Registere	d Avent's Signature	
(The Limited Liability Company	cannot serve as it	s own Registered A	Agent. You must designate an individ	dual or
another business entity with an a	ctive Florida regi	stration.)	_	
The name and the Florida street a	address of the real	stered agent are:		
the hame and the Horida street	iddress of the regi	stered agent are.		
	Scott J. Leitten	<u> </u>		
		Name		
	4425 Military T	rail, Suite 200		
	Florida street a	ddress (P.O. Box	NOT acceptable)	
	Jupiter	FL	33458	

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 afregistered agent as provided for in Chapter 605, F.S.

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

TARY OF STATE

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Francis Seminara 2169 Driftwood Cir. Palm Beach Gardens, FL 33410 (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.

Scott J. Leitten Typed or printed name of signee

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)

