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

Office Use Only



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COVER LETTER

TO: New Filing Se Division of Co		w .	
SUBJECT: FO	agrant C	Loud Fress ited Liability Company	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this ma	itter to the following:	
A	E Rystro	m	
	1	Name of Person	
		Firm/Company	
_600	00 Spinna	Icer Loop	:
		FL 32/50 ity/State and Zip Code	1 - !
rus	trange D.	ity/State and Zip Code	
7	E-mail address: (to be used	to future annual report notificati	ion)
For further information co	oncerning this matter, please	call:	
AE Ry	s <u>trom</u> at (<u>3</u> ne of Person Ar	352) 259-20 ca Code Daytime Telephon	<mark>のスー</mark> e Number
Enclosed is a check for t	he following amount:		
□\$125 00 Filing Fee	✓S130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailir</u>	ng Address	Street Address	

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

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 j

ARTICLE IV-

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

Title: "AMBR" Authorized Member	Name and Address:
"MGR" - Manager AmBR	AE Rystrom 6000 Spinnaker Loop Lady Lake, FL 32/59
	(_)
he date of filing.)	ecific and extinot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be fisted as
ARTICLE VI: Other provisions, if any.	
Signature of a inc	mber or an authorized representative of a member. The in accordance with section 605.0203 (1) (b). Florida Statutes.
I am aware that arty-false constitutes a third degree	Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
AE Ky	5 trom 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)

S 5.00 Certificate of Status (Optional)