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(Requestor's Name)
(Address)

(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
2
Special Instructions to Filing Officer:





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TO: New Filing Section Division of Corporations
SUBJECT: K. F. Falling Sport. Name of Limited Liability Company Subject: A Sport.
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correct
Please return all correspondence concerning this matter to the following:
(-170 H)
No we vara.
Name of Person
// G Firm/Company
4957 Spell 101
Address Salvatorika
The state of the s
34997
Zell City/State and Zip Code
E-mail address: (to be used for future abnual report notification) For further information concerning this way.
For further information concerning this matter, please call:
L12010 Guerna 561-727-5401
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Certification Fig. 6

□S130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

□\$160.00 Filing Fce, Certificate of Status & Certified Copy (additional copy is enclosed)

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 I - Name:

The name of the Limited Liability Company is:
(Musi contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
(Musi contain the words Ethnica Elability Company)
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: 4957 South cost Salvable Rd SMAN, F734997 SAME
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:
Inustre Inc
7900 N.W. 27 the Are. Ste. ACX/A
Florida street address (P.O. Box NOT acceptable) Leau FL 33/47
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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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: <u>Title:</u> "AMBR" = Authorized Member Name and Address: "MGR" - Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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 \$317.155, F.S. 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)