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COVER LETTER

TO:	New Filing Section Division of Corporations	
SUBJEC	Circle The Word LLC	
SUBJEC		ed Liability Company
The encl	losed Articles of Organization and fee(s) are s	ubmitted for filing.
Please re	durn all correspondence concerning this matte	τ to the following:
	Rich	navd Castellani Name of Person
	i	Name of Person
		The Word
	I	Firm/Company
	95029 Lave	nder Lane
		Address
	Fernanden	O BLACK FL 32034 /State and Zip Code
		llanifo, yahoo.com
	E-mail address: (to be used for	r future annual report notification)
For furthe	r information concerning this matter, please ea	att:
	i Rick Castellani an 90)4 <u>, 206-3495</u>
		Code Daytime Telephone Number
	1	
Enclosed	is a check for the following amount:	
Π 5 125.	00 Filing Fee ☐\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee. Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee. Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section	New Filing Section Division
	Division of Corporations P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32314	Tallahassee, Fl. 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	v Company is:			
Cirde The Word LLC				
(Must conta	in the words "Limite	d Liability Com	pany, "L.L.C.,	" or "LLC.")
ARTICLE II - Address:				
The mailing address and street ad	dress of the principa	l office of the Li	mited Liability	y Company is:
Principa	l Office Address:			Mailing Address:
95029 Laur Fernandina	Morlane Brach, FL 3	32034	95020 Fernan	
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ac	cannot serve as its ov	vn Registered Ag		
The name and the Florida street a	ddress of the register	ed agent are:		
	Registered Agents	Inc		
1		Name		
	7901 4th St N		STE 300	0
	Florida street addr	ess (P.O. Box <u>N</u> o	OT acceptable	2)
	St. Petersburg	FL	33702	
	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, 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 as registered agent as provided for in Chapter 605, F.S.

Dayld Courts

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Richard lastellani 95029 Lawinder Lane Frynandina Beach FL 32034
APPER MUR	JIII (USIPILAN) 95029 LAVENDOR LUNE FERNANDINA BEACH FL 32034
· ·	
(Use attachment if necessary)	Low of Elization (OPTIONAL)
EV: Effective date, if other than the lective date is listed, the date must of filing.)	e date of filing:
EV: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ment's effective date on the Depart	be specific and cannot be more than five business days prior to or 90 c not meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the ective date is listed, the date must of filing.) 'the date inserted in this block does ment's effective date on the Depart	be specific and cannot be more than five business days prior to or 90 c not meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block does ment's effective date on the Depart. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is a lam aware that an	be specific and cannot be more than five business days prior to or 90 c not meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the ective date is listed, the date must of filing.) the date inserted in this block does ment's effective date on the Depart E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is a lam aware that an	not meet the applicable statutory filing requirements, this date will not ment of State's records. If a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State