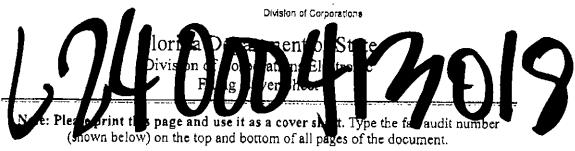
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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : JAMES A. SCHMIDT, P.A.

Account Number : I2012000088 Phone : (813)250-3700

Fax Number : (813)250-3701

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: <u>las@schmidtlawoffice.com</u>

# FLORIDA LIMITED LIABILITY CO.

5684 Okeechobee LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Corporate Filing Menu

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			COVER LET	TTER			
TO:	New Filing S Division of C						
SUBJEC		echobee LLC					
BOBJEC	-1. <u> </u>	Name o	f Limited Liabi	lity Company			
The encl	osed Articles o	of Organization and fee(s	s) are submitte	d for filing.			
Please re	turn all corresp	ondence concerning thi	s matter to the	following:			
	Jainies A. S	chinidt, Esq.					
	<del></del> ·		Name o	f Person	<del></del>	_	
	James A. Se	chmidt, P.A.					
			Firm/Co	ompacy		-	
	2904 W Bay	y to Bay Blvd					
			Addı	ress		-	
	Tampa, FL	33629	<del></del>	·		_	
	jas@schmidt	lawoffice.com	City/State an	d Zip Code		,	
		E-mail address: (to be u	sed for future a	innual report notification	on)	-	
For further	information co	ocerning this matter, ple	ease call:				
	James A. Sch	lmidt at	813	250-3700			
	Nam	e of Person	Area Code	Daytime Telephone	Number		
Enclosed i	is a check for t	he following amount:			•		
<b>■\$</b> 125.00	0 Filing Pee	\$130.00 Filing Fee Certificate of Status	Certific	5.00 Filing Fee & ed Copy of copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	:	J.VIL.
	New F Divisio P.O. B	g Address Eling Section on of Corporations ox 6327 assee, FL 32314	<u>.</u>	Street Address New Filing Section Div The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	see	4 SEP 25 (1) 2:	19.4cm 197
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

5684 Okeechobee LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

# ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

# Principal Office Address:

Malling Address:

 3541 US Hwy 441
 1767 Harbor View Cir

 Okeechobec, FL 34974.
 Waston-FL 33327...

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 A. Schmidt, Eag.
Name

2904 W Bay to Bay Blvd

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

Tampa FL 33629

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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"AMBR"	= Authorized Me	mber	Name and Address:
"MGR" =	Manager		
MGR			Yao Song
			3541 US Hwy 441
			Okeechobee, FL 34974
	•		
	<del></del>		
	ment if necessary	•	of filing:(OPTIONAL)
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)