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COVER LETTER

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	egistration Section vision of Corporations
SUBJECT:	People Advancing , LLC.
Jobo Be 1.	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	m all correspondence concerning this matter to the following:
	Kimberly Rodriguez
	Name of Person
	People Advancing, LLC.
	Firm/Company
	6103 Boca Colony Drive suite 1411
	Address
	Boca Raton, Florida 33433
ŗ	City/State and Zip Code people.advancing@gmail.com
_	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
_	Kimberly Rodriguez 561 409-3151
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company is:			
People Advancing, (Must end	LLC. with the words "Limite	d Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	address of the principal	office of the Limited	Liability Company is:	
<u>Princi</u>	oal Office Address:		Mailing Address:	
6103 Boca Colony Boca Raton Florida			B Boca Colony Drive suite 1411 a Raton Florida 33433	
another business entity with an	y cannot serve as its own active Florida registration	n Registered Agent. on.)	nt's Signature: You must designate an individual or	SEERETARY FALLAHASSE 15 OCT 30
The name and the Florida street	address of the registere	d agent are:		7 3 ASS
	Kimberly Rodriquez	2		and and
		Name		R CFS
	6103 Boca Colony I	Drive suite 1411		1: 20
	Florida street addre	ss (P.O. Box <u>NOT</u> a	cceptable)	20 家門
	Boca Raton	Florida	33433	
	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)

Page 1 of 2

MGR" = Manager Kimberly Rodriguez	AMBR" = Authorized Member MGR" = Manager MGR	
Use attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) Vitive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) In date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member for an authorized representative of a member. This document is executed in accordance with ection 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. Typed or or initiate a formation and Designation of Registered Agent		
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