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





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Derrick thompson

COVER LETTER

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	ng Section of Corporations				
LA I SUBJECT:	Distribution LLC				
Sobsect.	Name of I	Limited Liability Company			
The enclosed Artic	cles of Organization and fee(s)	are submitted for filing.			
Please return all co	orrespondence concerning this	matter to the following:			
Lisa C	Crater CPA				
		Name of Person			
- Lisa C	Crater CPA				
<u> </u>		Firm/Company			
51137	Taylor St N				
- ·		Address			
St Pete	ersburg, FL 33714				
		City/State and Zip Code	·		
leraters	1@gmail.com E-mail address: (to be us	sed for future annual report notifical	tion)		
For further informat	tion concerning this matter, ple	ase call:			
Lisa Crater 7.		727 430-0074			
	Name of Person	Area Code Daytime Telephor	ne Number		
Enclosed is a chec	k for the following amount:				
□\$125.00 Filing	Fee \$\square\$\$130.00 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)		
Mailing Address New Filing Section		Street Address New Filing Section D	Division		
Division of Corporations		The Centre of Tallah	The Centre of Tallahassee		

P.O. Box 6327 Tallahassee, FL 32314 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 Liabilit	y Company is:			
LA Distribution LLC	;			
		Liability Compa	iny, "L.L.C.," or "LLC.")	.
ARTICLE II - Address: The mailing address and street a	ddress of the principal	office of the Lim	ited Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Addr	ess:
2399 26th Ave N St. Petersburg, FL 33713			399 26th Ave N St. Petersburg, FL 33713	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its ow active Florida registrati	n Registered Age on.) d agent are:		lividual or
		Name		
	5113 Taylor St N Florida street address (P.O.		T acceptable)	
	St. Petersburg	FL	33714	
	City	State	Zip	
Having been named as registered of place designated in this certificate, further agree to comply with the properties am familiar with and accept the ob-	I hereby accept the approvisions of all standes in ligations of my phisition	pointment as regi. relating to the pro as registered ago LC H	stered agent and agree to act i oper and complete performanc	n this capacity. I e of my duties, and
		(CONTINUE	D)	

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 MGR	SHAOYAN HE 2399 26TH AVE N ST PETERSBURG FL 33713
	
	
(Use attachment if necessary)	
If an effective date is listed, the date must be space date of filing.) Note: If the date inserted in this block does not	e of filing:
he document's effective date on the Department ARTICLE VI: Other provisions, if any.	of State's records.
REQUIRED SIGNATURE:	绍长
This document is exect I am aware that any fals	tember or an authorized representative of a member. atted in accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.
SHAOYAN HE	

Filing Fees:

Typed or printed name of signee

\$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)