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COVER LETTER

	iew Filing Sec Division of Col					
SUBJECT		HOOKAH 305 LL	С			
300,77.0	Name of Limited Liability Company					
The enclose	sed Articles of	Organization and f	ee(s) are submit	ted for filing.		
Please reti	arn all correspo	ondence concerning	this matter to the	he following:		
	RALLY CR	U7.				
		· · · · · · · · · · · · · · · · · · ·	Name	of Person	·····	
			Firm	/Company		
	6237 NW 17	6TH TER			•	
			A	ddress		
	HIALEAH.	FL 33015				
	RALLYCRU	Z@HOTMAIL.CO	-	and Zip Code		
		·		re annual report notificat	ion)	
For further	information co	ncerning this matte	r, please call:			
	RALLY CRU	J Z	786 _at (52017 6 5)		
	Nam	ie of Person	Area Cod			
Enclosed i	is a check for t	he following amour	nt:			
	0 Filing Fee	□S130.00 Filing Certificate of St	g Fee & □S atus Cei	8155.00 Filing Fee & nified Copy ional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	·	ig Address		Street Address		
	New Filing Section Division of Corporations			New Filing Section Division The Centre of Tallahassee		
		fox 6327		2415 N. Monroe Stre		
	Tallah	assee, FL 32314		Tallahassee, FL 3230	13	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	contain the words "Limited L	•		
	committee from Emilieu t	Liability Company. "	L.L.C.," or "LLC.")	
TICLE II - Address: mailing address and stre	eet address of the principal of	fice of the Limited I	Liability Company is:	
<u>Prii</u>	ncipal Office Address:		Mailing Address:	
6237 NW 176Tł	TTER	6237 NW 176TH TER_		
HIALEAH, FL 3	HIALEAH, FL 33015		HIALEAH, FL 33015	
Limited Liability Comper business entity with	Agent, Registered Office, a pany cannot serve as its own an active Florida registration reet address of the registered RALLY CRUZ	Registered Agent, Y n.) agent are:	t's Signature: ou must designate an individual or	
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ne Limited Liability Comp other business entity with	pany cannot serve as its own an active Florida registration reet address of the registered RALLY CRUZ 6237 NW 176TH TEI	Registered Agent, Yn.) agent are: Name	ou must designate an individual or	

(CONTINUED)

"AMBR" = Manager MGR RALLY CRUZ 6237 NW 176TH TER HIALEAH, FL 33015 (Use attachment if necessary) TLE V: Effective date, if other than the date of filing: 02/25/2021 (OPTIONAL) ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list unnent's effective date on the Department of State's records. TLE VI: Other provisions, if any.	Title:	Name and Address:
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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 s.817.155, F.S.

RALLY CRUZ

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)