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COVER LETTER

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TO: New Filing Section Division of Corporations		
SUBJECT: Alice Wo	are 4 LLC mited Liability Company	
The enclosed Articles of Organization and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Alice Wa	re	
	Name of Person	2021 J
	Firm/Company	2021 JUR 28
4981 SE Palmet	Address	·
Straft, FL 3490	City/State and Zip Code	
E-mail address: (to be used	for future annual report notification)	
or further information concerning this matter, please	e call:	
Alice Wasc at (Name of Person A	rea Code Daytime Telephone Nu	mber
Enclosed is a check for the following amount:		
□\$125.00 Filing Fee	Certified Copy (additional copy is enclosed)	□S160.00 Filing Fee, Certificate of Status & Certified Copy Iditional copy is enclosed)
Mailing Address New Filing Section	Street Address New Filing Section Division	on
Division of Corporations P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, St	

Tallahassee, FL 32303

Tallahassee, FL 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	is:			
A	ne W	are 4, L	LC	
(Must contain the word	ls "Limited Liabil	ity Company, "L.L.	C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office	of the Limited Liabi	lity Company is:	
Principal Office A	ddress:		Mailing Addi	ress:
4981 SE Paint	o Ruid	<u> </u>	SE Pair	netto Road Juga 7
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot servanother business entity with an active Florida The name and the Florida street address of the server o	re as its own Regi la registration.)	stered Agent. You n		dividual or
	ALICE V	VUC		
LASI Florida s	SE PO	UMCHO F D. Box <u>NOT</u> accepta	Road able)	
Stw	.(+ F(<u> </u>	1997	
	City	State	Zip	
laving been named as registered agent and to lace designated in this certificate, I hereby ac arther agree to comply with the provisions of a m familiar with and accept the obligations of	cept the appointm all statutes relating	ent as registered age g to the proper and c	nt and agree to act complete performan	in this capacity. I ce of my duties, and I
	A		1	

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Author	Name and Address:
"MGR" = Manage	Alice Wave 4981 SW Primetto Road Stravi, FC 34997
f an effective date is listed to date of filing.) Note: If the date inserted in	necessary) e, if other than the date of filing:
RTICLE VI: Other provisi	ons, if any.
REOUIRED SIG	NATURE: Alice f. Ware
l a	Signature of a member or an authorized representative of a member. is document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. m aware that any false information submitted in a document to the Department of State institutes a third degree felony as provided for in s.817.155, F.S. 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)