L22000069311

((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:	





700382031817

92/18/22--01010--019 **125.00

2022 FED 18 FH 3: 33

 \mathcal{A}

2022 FEB | 8 AM 9:

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

423 ALSTON LLC	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Рһою Сору
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
org.nature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC !! Search
name Date Time	UCC 11 Retrieval
	1

COVER LETTER

	w Filing Sec vision of Co					
SURJECT-		423	ALSTO	~ LL	ty Company	
DO BUDGI.	-	<u> </u>	Name of Lin	nited Liabili	ty Company	·
The enclose	d Articles of	Organizatio	on and fee(s) ar	e submitted	for filing.	
Please return	n all correspo	ondence con	cerning this ma	itter to the f	ollowing:	
			AKBAR	MOH	Person	
				Name of	Person	
_			423	ALSTO	N LLC	
				Firm/Co	npany	
<u>-</u>		72.	28 /	HANK	S NEST	BCUD
				Addre	288	
_		OR	LANDO	FL	72831	
		1	(C)	ity/State and	I Zip Code	
_		mail addre	ESARIM Secretarian	for future of	nnual report notific	ation)
					muar report norme	ation
For further inf		•	s matter, please			
	AKB	נות המינו	MADO MILO	425	244.0	ost
_	Name	c of Person	Aı	rea Code	Daytime Telepho	one Number
Enclosed is a	a check for th	ne following	; amount:			
□\$125.00 F	Filing Fee		0 Filing Fee & de of Status	Certific	.00 Filing Fee & d Copy I copy is enclosed)	☐S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailin	g Address		<u> </u>	Street Address	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

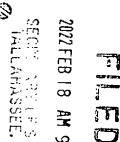
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

(Must conta	in the words "Limited Liabil	ity Company, "	L.lC.," c	0.1.1" re	2.")	_	
ARTICLE II - Address: The mailing address and street ad	dress of the principal office of	of the Limited L	Liability C	ompar	ny is:		
<u>Principa</u>	l Office Address:		j	<u>Mailin</u>	g Add	ress:	
777 2	HANKSNEST BLU	0	7228	H	دوست. د	,	0
كا فمناكبور فر	<i></i>			,,,,	<i>MEST</i>	レビッナ	13664
ARTICLE III - Registered Age The Limited Liability Company another business entity with an ar	cannot serve as its own Regis ctive Florida registration.) ddress of the registered agent	gistered Agent stered Agent. Yo t are:	's Signati ou must d	ure: esigna	te an in		
ARTICLE III - Registered Age The Limited Liability Company another business entity with an au The name and the Florida street a	nt, Registered Office, & Registerned Serve as its own Registive Florida registration.)	gistered Agent stered Agent. Yo t are:	's Signati ou must d	ure: esigna	te an in		
ARTICLE III - Registered Age The Limited Liability Company another business entity with an ar	nt, Registered Office, & Registern Register Registration.) ddress of the registered agent ALC Nam	gistered Agent stered Agent. Yo t are: SAR M	's Signati ou must d	ure: esigna	te an in		
ARTICLE III - Registered Age The Limited Liability Company nother business entity with an ar	nt, Registered Office, & Registern Register Registration.) ddress of the registered agent ALC Nam	gistered Agent stered Agent. Yo t are: SAR M	's Signati ou must d	ure: esigna	te an in		
ARTICLE III - Registered Age The Limited Liability Company another business entity with an ar	nt, Registered Office, & Registered as its own Registration.) ddress of the registered agent Nam 7228 Ag Florida street address (P.O.)	gistered Agent stered Agent. You t are: BAR M ne wks NEUT Box NOT acc	's Signation must d	ure: esigna	an in		
ARTICLE III - Registered Age The Limited Liability Company another business entity with an ar	nt, Registered Office, & Registernot serve as its own Registration.) ddress of the registered agent MC Nam 7228 AA	gistered Agent stered Agent. You t are: BAR M ne wks NEUT Box NOT acc	's Signation must d	ure: esigna	an in		

(CONTINUED)

Registered Agent's Signature (REQUIRED)



ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ____ ____ (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.

REOUIRED SIGNATURE:

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.

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)