## 122000437268

(F	Requestor's Name)	· .
(A	Address)	
	ddress)	
(2	auress)	
(C	city/State/Zip/Phone #	<del>*</del> )
PICK-UP	☐ WAIT	MAIL
	Business Entity Name	,
۵)	ousniess Entity Name	,
(D	ocument Number)	
Certified Copies	Certificates	of Status
<del></del>		
Special Instructions to F	iling Officer:	

Office Use Only



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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

ARTICLE 1 - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

7750 OKER (Mohre Bryd June #4-927750 Okerchober Blyd Sunte #4-933 WORT PAIN BROWN H 33411 WEST PAIN BROWN FT 33411
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Antorneshy Canady
7750 OKIPECNOLO BIVO SIDE 4-933 Florida street address (P.O. Box NOT acceptable)
Wist- Dalm Broom F 33411  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 turther 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)

Mailing Address:

<u>Title:</u> "AMBR" = Authorized Member	Same and Address:
"MGR" = Manager	Antornania Cannaly  1750 OKECINDREC BYGSUITEER-932  WEST POIN BEGOD ET 33411
<del> </del>	
(Use attachment if necessary)	
an effective date is listed, the date must date of filing.)	the date of filing:
e document's effective date on the Department	artment of State's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	anrada
$r \sim 1$	of a member or an authorized representative of a member.

Filing Fees:

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

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)