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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	-

Office Use Only



S. CHATHAMA
APR 14 WID

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2023 APR 19 AH 8: 15

### COVER LETTER

TO: New Filing Section Division of Corporatio	ns		
SUBJECT: Toust	EE CVASS Name of Limite	d Liability Company	
The enclosed Articles of Organiz	ation and fee(s) are su	bmitted for filing.	
Please return all correspondence	concerning this matter	to the following:	
<u> </u>	umes I	Name of Prison	
Tas	tee Cral	OS LLC Firm/Company	
	Causen	Muuruss	
W	0D54000D0	33511 State and Zip Code  blishing a a grant future annual report notification	mail. com
For further information concerning	; this matter, please ca	II:	
James D Name of Per	and Elat ( Some Area	13   652   1 Code Daytime Telephone	Number
Enclosed is a check for the follow	ving amount:		
	60.00 Filing Fee & ficate of Status (1	□\$155.00 Filing Fee & Certified Copy additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

# Mailing Address

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

Street Address 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: The name of the Limited Liability Company is:
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
915 N Franklin Same
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 registered agent are:  The name and the Florida street address of the registered agent are:  Name  Power Bly Florida street address (P.O. Box NOT acceptable)
Prandon H 33511  City 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 further 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 (REOURED)  (CONTINUED)

	Title: "AMBR" = Authorized Member	Name and Address:	
MG	"MGR" = Manager $\sum_{n=1}^{\infty} \frac{\int_{\Omega_n}^{\infty} M(S, R)}{\int_{\Omega_n}^{\infty} M(S, R)} dS = 0$	N. 915 Franklin	
AMBR	Susan M Hall	1823 Brandon F	2023 APR
			19 14 8:
		-23 -23	36 —
	(Use attachment if necessary)		
(If an e the date <u>Note:</u> the doc	e of filing.)	specific and cannot be more than five business days prior to or meet the applicable statutory filing requirements, this date will	
	REQUIRED SIGNATURE:	Jan Dorth	
	This document is exec I am aware that any fal	nember or an authorized representative of a member, suted in accordance with section 605.0203 (1) (b), Florida Statut ise information submitted in a document to the Department of Stree felony as provided for in s.817.155, F.S.	es. ate
		Typed or printed name of signee	

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

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

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)