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(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Style LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for tiling.
Please return all correspondence concerning this matter to the following:
Albert Rodgers
Name of Person()
Firm/Company
4783 S.W 176 terrace
Miramar Fl 33029 Sity/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing Address Street Address

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

New Filing Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:		
(Must conta	Style LLL ain the words "Limited Liability Co	mpany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal office of the	Limited Liability Company is:	
Principal Office Address:		Mailing Address:	
4783 5.1 miramar	2 176th terrace F1 33029	Mirchar F	176th terrace
(The Limited Liability Company another business entity with an a	Name HORD S. W Florida street address (P.O. Box City State gent and to accept service of process I hereby accept the appointment as a covisions of all statutes relating to the	Agent. You must designate an in the second stated limited liar registered agent and agree to acceptable performance of the second secon	SECRE VARY OF STATE bility company at the at in this capacity. I nee of my duties, and I
	Registered Agent's	Signature (REQUIRED)	

(CONTINUED)

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)