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(City,	/State/Zip/Phone	#)
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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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:
317 Edge Ater DR.	Dalando FL 32804

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:

!	Kelly Miller	
	Name	
1317	7 Edgewater Dr	
Florida street addres	s (P.O. Box NOT a	cceptable)
Orlando	FL	32804
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 (REQUIRED)

(CONTINUED)

	Title: "AMBR" = Authorized Member		Name and Address:		
•	"MGR" = Manager	-	Janua Herrin 1229 Liestonia Calondo FL 3	<del>5810</del>	
(If an ef the date Note:	ffective date is listed, the or of filing.)	her than the date of filing: late must be specific and block does not meet the a	I cannot be more than five busines pplicable statutory filing requirement	s days prior to or 90 days after	
	LE VI: Other provisions. i	•			
	REOUIRED SIGNATU	gnature of a member or	an authorized representative of a	member.	
	Lam awa	ire that any false informat	ordance with section 605,0203 (1) of the submitted in a document to the s provided for in s.817,155, F.S.	b), Florida Statutes. Department of State	
		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)



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 7, 2021

KELLY MILLER 1317 EDGEWATER DR ORLANDO, FL 32804

SUBJECT: 1 STOP DOC SHOP LLC

Ref. Number: W21000062967

We have received your document for 1 STOP DOC SHOP LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 721A00009616

James G Harris Regulatory Specialist II