Laa000324725

(Requestor's Name)	_
(Address)	—
` ,	
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
Octimization of Status	_
Special Instructions to Filing Officer	

Office Use Only



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S. CHATHAM JUL 24 2022

2022 JUL 22 PK 2:

DE NECES

22 JUL 22 ABII: DD

CAPITAL CONNECTION, INC.

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

27974 Tarpon LLC			
	<u> </u>		
			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
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitions Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
Ü			Vehicle Search
			Driving Record
Requested by: SETH	07//22		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
· · · · · · · · · · · · · · · · · · ·			UCC H Retrieval
Walk-In	Will Pick Up	·	Courier

COVER LETTER

	Sew Filing Sec Division of Co				
SUBJEC"	27974 Tarμ Γ:				
302020		Name of Lim	ited Liabili	y Company	
The enclo	sed Articles of	Organization and fee(s) are	submitted	for filing.	
Please retu	ırn all correspe	ondence concerning this mat	tter to the fo	ollowing:	
	Gregory S. (Dropeza, Esq.			
			Name of	Person	***
	Oropeza, Sto	ones & Cardenas, PLLC			
			Firm/Cor	npany	
	221 Simonto	on Street			
			Addre	SS	
	Key West, F	L 33040			
		Ci	ty/State and	Zip Code	
	bm@advance	2000.com			
	1	E-mail address: (to be used t	for future a	inual report notificat	ion)
For further:	information co	ncerning this matter, please	call:		
	Gae Ganister	305 at (294-0252	
	Nam			Daytime Telephon	e Number
Enclosed i	s a check for t	he following amount:			
		-	□ \$1.66	00 Elling P 9.	□€1/0 00 FW F
⊔\$123.00) Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certific	.00 Filing Fee & d Copy Is enclosed)	☐\$160.00 Filing Fee, 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

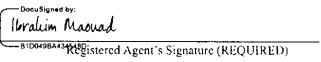
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

27974 Tarpe	on, LLC	
()	Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Addres	• • • • • • • • • • • • • • • • • • • •	
	d street address of the principal office Principal Office Address:	of the Limited Liability Company is: <u>Mailing Address:</u>
	d street address of the principal office Principal Office Address:	

The name and the Florida street address of the registered agent are:

lbrahim Maouad		
	Name	
717 Lafitte Road		
Florida street address	s (P.O. Box <u>NOT</u> ac	cceptable)
Little Torch Kev	FL	33042
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..



(CONTINUED)

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

A	DT	Ľ	137

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

IIIle:	and a since of March and	Name and Address:	
	uthorized Member		
"MGR" = Ma	nager		
AMBR		Ibrahim Maouad	
		717 Lafitte Road	_
		Little Torch Kev. FL 33042	_
			_
			_
			-
			_
			_
			_
			_
ocument's effective	ve date on the Department	meet the applicable statutory filing requirements, this date will no t of State's records.	t be list
CLE VI: Other pi	rovisions, if any.	•—————————————————————————————————————	
REOUIRED	SIGNATURE:		
	Ibrahim Maouad		
Ţ	B100496A4345480	ember or an authorized representative of a member.	
	Signature of a m	nember or an authorized representative of a member. Ited in accordance with section 605.0203 (1) (b), Florida Statutes.	
	I am aware that any fals	the information submitted in a document to the Department of State ce felony as provided for in s.817.155, F.S.	
	I am aware that any fals	se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S. I. AMBR	
	I am aware that any fals constitutes a third degree	se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.	
	I am aware that any fals constitutes a third degree	te information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S. I. AMBR Typed or printed name of signce	
	I am aware that any fals constitutes a third degree Ibrahim Maouad	te information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S. I. AMBR Typed or printed name of signce Filing Fees:	
\$125.00 Fili	I am aware that any fals constitutes a third degree Ibrahim Maouad	the information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S. I. AMBR Typed or printed name of signce Filling Fees:	