Address City/State/Zip Phone # Office Use Only Paris STATE | Secretary | Sec

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.			
(Corporation Name)		(Document #)	
2			
(Corporation Name) 3.		(Document #)	1000034755214 -11/27/0001083005 ****320.00 ****160.00
(Corporation Name)		(Document #)	
4		470	
(Corporation Name)		(Document #)	
☐ Walk in	Pick up time	-	Certified Copy
☐ Mail out	☐ Will wait	☐ Photocopy	☐ Certificate of Status
NEW FILINGS		<u>AMENDMENTS</u>	
☐ Profit ☐ Not for Profit ☐ Limited Liability ☐ Domestication ☐ Other		Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS		REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name		Foreign Limited Partne Reinstatement Trademark Other	

CR2E031(7/97)

My Ne

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Destiny-web, LLZ

ARTICLE II - Address:

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

7365 Sw 5th Ave Acala Fl 34476

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Thomas Edward Mullygan

Name

Name

Sth Are

Florida street address (P.O. Box NOT acceptable)

Ocala FL 34476

City, State, and 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 608, F.S..

Aloman & Mulla Registered Agent's Signature

Article IV - Management (Check box if applicable.)

/	
The Limited Liability Company is to be managed by	y one manager or more managers and is,
therefore, a manager - managed company.	<u> </u>
Managers	2
Thomas Mulling and 7365 Sw 5th A-e	Chad Bigg S 7365 Sw str Are
029/a . Fl 34476	00919 BI 34476

Signature of a member or an authorized representative of a member

(An additional afticle must be added if an effective date is requested)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Thomas E. Mulligan

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)