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SECRETARY OF STATE TALLAHAS JEE, FLORIDA

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OIVISION DI CURPORATIONS TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
	Ofeniac L.L. mited Liability Company)	<u>. C </u>	
The enclosed Articles of Organization and fee(s) are	submitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
Treeva Braner (Name of Person)			04 APR -8 PH 4: 19
(Firm/Dompany)		· •,	bH 1: 19
2636 Fairmont La		a vec	
Tallahassec, F. 32308 (City/State and Zip Code)			·
For further information concerning this matter, pleas	se call:		
(Name of Person)	at ()(Area Code & Daytime Telepi	none Number)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	-	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COM ARTICLE I - Name: The name of the Limited Liability Company is: ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Florida street address (P.O. Box NOT acceptable) Tallahassee FL. 37308 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..

(CONTINUED)

Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MORM	TREEVA BRYMER 2636 FAIRMOUNT IN. TALIAHASSEE, FZ 32308	
· · ·		SECRETARY TALLAHASSE
<u> </u>		ARY OF STATE ASSEE FLORIDA
(Use attachment if necessary)	added if an effective date is requested	RIPA 19

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(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.)

EVA BRYMEN.
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)