## 104000032989

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	_	
4/23	FL	LC
,		





100033717871

04, 23/04 --0:053--031 \*\*125.00

MJH

Offices to Fill

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Praise Up, LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dianne Joseph (Name of Person)
Praise Up, LLC (Firm/Company)
5378 NW 29th AVE (Address)
Migmi, FL. 33142 (City/State and Zip Code)
For further information concerning this matter, please call:
Dianne Joseph at (786) 553-2045 (Area Code & Daytime Telephone 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 COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Praise Up, LLC	
ARTICLE II - Address: The mailing address and street address of the principle.	cipal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
5378 NW 29th AVE	P.O. Box 680741
Miami, FL. 33142	Miami, FL. 33168
The name and the Florida street address of the reg  Dianne Jo  Name	seph ?
5378 NW 2 Florida street address (P.O. 1	Box NOT acceptable)
City, State, and	FLORIDA 33142
City, State, and City, State, and City, State, and City, State, and Caving been named as registered agent and to accept service ompany at the place designated in this certificate, I hereby tree to act in this capacity. I further agree to comply with a complete performance of my duties, and I am familiar registered agent as provided for in Changa.	ce of process for the above stated limited liability of accept the appointment as registered agent and the provisions of all statutes relating to the prope with and accept the obligations of my position as

Page 1 of 2 (CONTINUED)

The name and address of each	ch Manager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Men	Name and Address:
"MGR"	Dianne Joseph 5378 NW 294 AVE Miami, FL. 33142
(Use attachment if necessar	y)
	icle must be added if an effective date is requested.
REQUIRED SIGNATURE	
(In accordance w of this document that the facts state	ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ed herein are true.)  Typed or printed name of signee

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

<u>Filing Fees:</u> \$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)