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| • |
|---|
| (Requestor's Name) |
| . (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| 1/6 FLC |
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TRANSMITTAL LETTER

| TO: Registration So Division of Co | | | | |
|--|---|--|--|--|
| SUBJECT: | JUGE CHINGK | d Liability Company) | | |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Bons Dellas | | | | |
| | | Name of Person) | | |
| | | | | |
| | (| Firm/Company) | | |
| 18301 NO 2nd Court | | | | |
| | | (Address) | | |
| Mia | eni Florida | | | |
| | (City/ | State and Zip Code) | | |
| For further information concerning this matter, please call: | | | | |
| Bons Delles | | at (954) 559- (Area Code & Daytime Te | 1826 | |
| (Name | of Person) | (Area Code & Daytime Te | elephone Number) | |
| Enclosed is a check fo | r the following amount: | | | |
| \$125.00 Filing Fee | ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| STREET ADDRESS: Registration Section | | MAILING A Registration S | | |

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 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: | |
|--|--|
| Lasual Chinax LLC | |
| ARTICLE II - Address: The mailing address and street address of the printing. | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 18301 NU 2nd Court Mism F1 33165 | 18301 NW 2nd Court Mismi FL 33169 |
| ARTICLE III - Registered Agent, Registered | Office, & Registered Agent's Signature: |
| The name and the Florida street address of the re Bohis LDallus Name 18301 NW 2nd Court Miz Florida street address Mizmi City, State, an | om: FL 33169 ess (P.O. Box <u>NOT</u> acceptable) FL 33169 |
| liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete perj | scept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S |
| Btis Walls Registered Agent's S | Signature S |
| | |

Page 1 of 2

(CONTINUED)

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" = Manager | Name and Address: | | | |
|---|---|--|--|--|
| 'MGRM" = Managing Member MGR | Charledo Clark | | | |
| | 1807 S.W. 29 Street Miramar FL. 33023 | | | |
| .0. | | | | |
| MGRM | Emerson Callum | | | |
| | 551 NW 189 street | | | |
| | Miami FL 33/69 | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Use attachment if necessary) | | | | |
| NOTE: An additional article mu | st be added if an effective date is requested. | | | |
| REQUIRED SIGNATURE: | | | | |
| Blolla | | | | |
| Signature of a mem | ther or an authorized representative of a member. | | | |
| (In accordance with of this document con that the facts state | section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury d herein are true.) | | | |
| Bons | Dallar | | | |
| | Typed or printed name of signee | | | |
| Filing Fees: | | | | |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)