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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:

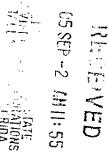
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STATIONS SEE, FLORIDA



COVER LETTER

TO:	Registration Sec Division of Corp			-		
SUBJE	CCT:	even Ar	dam of Limited	Liability Company)		ent. lle
The end	closed Articles of	Organization and fee	(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning th	nis matter	to the following:		
	3	Leven I	Idan	n_S ame of Person)		
	Sto	even A	dam (F	irm/Company)	LLC	
	410	Victory	gar	Clen Dr. (Address)		
	Tellat	issee F		Z 2 3 0 (state and Zip Code)		
For fur	ther information co	oncerning this matter	;, please ca	ıll:		
_3	teven l	dams f Person)	2	at (<u>386</u>) (Area Code & Da	86.4 iytime Tele	234 ephone Number)
Enclos	sed is a check for	the following amo	ount:			
3 \$125	5.00 Filing Fee	□ \$130.00 Filing Certificate of State	_	□ \$155.00 Filing Certified Copy (additional copy is enclosed)		☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	rations	Street/Courier Registration Set Division of Cot Clifton Buildin 2661 Executive Tallahassee, FI	ction rporations g c Center (3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:				
410 Victory Garden	<u>Dr</u> :440	Same			
					

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Steven Adams

Name

Victory Gaden Dr.

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

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: __ . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

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

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee