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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
Certified Copies				
Special Instructions to Filing Officer:				
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COVER LETTER

TO: Registration Sec Division of Corp		The C	hemistmy Prof	les!
SUBJECT:	(Name of Limited	Liability Company)		1
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.		•
	Sanuva (to the following: Jackson Jame of Person)		. •
	(1	Firm/Company)	<u> </u>	
P.	0, Box 116	9		
		(Address)	TALE OS	,
Wood	Wille Fl.	32362	LA TO	
	(City/	State and Zip Code)	3 1	
For further information c	oncerning this matter, please c	all:	THE PART OF THE PA	
Casanova	<u> </u>	at (\$50) 321- (Area Code & Daytime Tele	8476 B	
Enclosed is a check for	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)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center (s	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

The Chemistry Professor

(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:

Principal Office Address:

Mailing Address:

P.O.Box 1/69

Tallahassee F1,32310

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 of another business entity with an active Florida registration.)

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

Casanova Pr Jackson
Name

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

Tallahassee FL F/32310
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)

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
macm.	Casanova V. Jackson
)	Tallahassee, F/323/0
-	
(Use attachment if necessary)	
	e date of filing: (OPTIONAL)
an effective date is listed, the date mus or to or 90 days after the date of filing.)	t be specific and cannot be more than five business days
	TALL
REQUIRED SIGNATURE:	LAH TON TO
	ASSE ASSE
Signature of a member	
of this document const	ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
that the facts stated h	nerein are true.)
<u>(asan</u> a	med 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)