(DOUS)16306

	Danie Alama	
(Requestor's Name)	
(Address)	
	(Address)	
	City/State/Zip/Phone #)	
,	·\	
PICK-UP	WAIT	MAIL
	,	
(Business Entity Name)	
	Document Number)	
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TALLAHASSEE, FLORIDA

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COVER LETTER

Division of Co			
SUBJECT: Bad	a Bina		
	Name of Limit	ed Liability Company)	-
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
Dule	Lam		
•	((Name of Person)	
		(Firm/Company)	
1921	V)		
	karen lene	(Address)	
7411	chasser, Flor	ida 3230U	
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Aly		Com No to to the	
(Name	of Person)	at (650) 445-1640 (Area Code & Daytime Telephone Number)	-
Fuctored is a check for	r the following amount:		·
·	\$130.00 Filing Fee &	☐ \$155.00 Filing Fee & [1]\$160.00 Eiling	is Foo
\$123.00 1 ming rec	Certificate of Status	Certified Copy (additional copy is enclosed) \$\int \frac{1}{2} \	tus
·	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	FILED N 30 PH 4: 26

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Diffiled Liability Company is:	
(Must end with the words "Limited Liability Company, "Limited	ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
Suite 53 Callubus Sey; F1 32301 ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
Name 1921 Kura Luc Florida street address of the received and the Florida street address of t	JUN 30 PH GOOD ITESS (P.O. Box NOT acceptable) FL

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) Page 1 of 2

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member <u>MGRM</u>	Talkasse, FL 32304
•	
(Use attachment if necessary) RTICLE V: Effective date, if other than the	e date of filing: . (OPTIONAL)
RTICLE V: Effective date, if other than the	e date of filing: (OPTIONAL) be specific and cannot be more than five business days p
RTICLE V: Effective date, if other than the an effective date is listed, the date must b or 90 days after the date of filing.) REQUIRED SIGNATURE:	ne specific and cannot be more than five business days p
RTICLE V: Effective date, if other than the an effective date is listed, the date must be or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document const that the facts stated by	e date of filing: (OPTIONAL) Despecific and cannot be more than five business days processed and cannot be more than five busine

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

Page 2 of 2

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)