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annu	ne email address al report mailin 1 Address:	for this business ags. Enter only one	entity to be used email address ple	for future ase.**
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ARTICLES OF	ORGANIZATION FOR	FLORIDA LIMITED LIAB	
ARTICLE I - N The name of the	Name: Limited Liability Company	' is:	T ORDER
	Florida		9
,	(Must and with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A		e principal office of the Limited	Tiskilite Osera ta
The manning add	iess and sireer address of the	; principal office of the Limited	Liability Company is:
Principal Office	<u>Address:</u>	Mailing Address:	
8870-3 Miami	SW 40th Street	same	
· · ·			
		red Office, & Registered Agen	
	an active Florida registration.)	egistered Agent. You must designate an in	
The name and th	e Florida street address of th	e registered agent are:	· • • • • • • • • • • • • • • • • • • •
	Murna	TAVIOR	
		me	
	Na Na		
	4870-3 SW	40th street.	;
	<u>6670-3 SW</u> Florida street	40th Street : address (P.O. Box NOT acceptable)	; ; 1
	Mami	<u>PL 3365</u>	; ; ;
•	Miami City, Stat	PL 33165	
liability com	City, State med as registered agent and party at the place designated it	FL 3365 th, and Zip to accept service of process for th in this certificate, I hereby accept	t the appointment as
liability comp registered agent	City, State med as registered agent and pany at the place designated is and agree to act in this capa	FL 33165 to accept service of process for the in this certificate, I hereby accept wity. I further agree to comply w	t the appointment as ith the provisions of all
liability comp registered agent statutes relatin	City, Stat med as registered agent and pany at the place designated is and agree to act in this capa or to the proper and complete	FL 3365 to, and Zip to accept service of process for th in this certificate, I hereby accept wity. I further agree to comply w performance of my duties, and I	t the appointment as ith the provisions of all am familiar with and
liability comp registered agent statutes relatin	City, Stat med as registered agent and pany at the place designated is and agree to act in this capa or to the proper and complete	FL 33165 to accept service of process for the in this certificate, I hereby accept wity. I further agree to comply w	t the appointment as ith the provisions of all am familiar with and

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ARTICLE IV- Manager(s) of The name and address of each	r Managing Member(s): Manager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	Karl Taylor 8870-3 SW 40th Street Mlami, FL 33165
MGR	Myrng Taylor 9970-3 5W 40th str Mlaml, FL 33165
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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 do anthorized representative of a member. (In accordance with section 608,408(B)/Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated berein are type.) MVYNA AVION
Typed or printed fame of signoe
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)
Page 2 of 2

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