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	(Business Entity Name)	
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### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: Blessing U Financial LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheryl Holding	_
Name of Person	
Blessing U Financial LLC	_
Firm/Company	
12863 SW 49th CT	_
Address	
Miramar, FL 33027	_
City/State and Zip Code	
cheryl_holding@yahoo.com	
E-mail address: (to be used for future annual report notification)	taken Egg
For further information concerning this matter, please can:	ार च आस्त्र गुरुष्य करिय
Cheryl Holding 4954 646-3221	i i i
Name of Person Area Code & Daytime Telephone Number	er many
Enclosed is a check for the following amount:	*** .
□\$125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Lial	bility Company is:				
Blessing U Financial LLC.					
	he words "Limited Liability (	Company, "L.L.C.," or "LLC.")			
ADDITION OF THE ADDITION					
ARTICLE II - Address: The mailing address and stree	et address of the princ	inal office of the Limited	Liability C	omna	nv is:
The maning address and silve	or address of the princ	ipai office of the Simile	Eldellie, C	o.n.pu	,
Principal Office Address:	1	Mailing Address:			
12863 SW 49th Court		12863 SW 49th Court			
Miramar, FL 33027		Airamar, FL 33027			
			<del></del>	,	
The name and the Florida stro	eet address of the regi	stered agent are:		13 SEI	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
12863 SW	49th Court		17.	(N)	gratian ten
	Florida street addres	s (P.O. Box <u>NOT</u> acceptable)	1 1 1 mm	ω 	T. Statistical
Miramar	F	<sub>L</sub> 33027			
	City, State,	and Zip	島村	~ 3	
Having been named as regis liability company at the plane registered agent and agree all statutes relating to the plane and accept the obligations of	lace designated in this to act in this capacity. oroper and complete pof my position as regis	certificate, I hereby accep I further agree to comply erformance of my duties, c	ot the appoi with the pr and I am fan	ntmen ovisio niliar	nt as ons of with
	hende	<del>\</del>			
Reg	sistered Agent's Signature	(REQUIRED)			

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

LE V: Effective date, if other than the date of filing:  (OPTIONAL FROM The date is listed, the date must be specific and cannot be more than five busines or 90 days after the date of filing.)	Title:	Name and Address:
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:	•	
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:	"MGRM" = Managing Member	
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:	MGR	Cheryl Holding
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:		**************************************
LE V: Effective date, if other than the date of filing:		Miramar, FL 33027
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Signature of a member of 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)  Cheryl Holding	(Use attachment if necessary)	
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of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)