L140000 82977

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



100260140751

05/22/14--01005--006 **125.00

Effective Date 5/22/14

SECRETARY STREET STREET

HAY 22 2014 J. HARRIS

COVER LETTER

	ration Section on of Corporations		
SUBJECT:	Name of Lin	mited Liability Company	
The enclosed A	rticles of Organization and fee(s) a	re submitted for filing.	·
Please return al	l correspondence concerning this m		
	Michael	Name of Person	
		Name of Person	
	Jarai	Firm/Company	
		Firm/Company	
	7619 Jenk	Address	
		Address	
	Talla. Fl.	32310 City/State and Zip Code	
	(City/State and Zip Code	
<u></u>	E-mail address: (to be use	ed for future annual report notifica	ition)
For further info	rmation concerning this matter, ple	ase call:	
Micha	Name of Person	Area Code Daytime Tel	26 lephone Number
Enclosed is a cl	neck for the following amount:		
] \$125.00 Filing	Fee \$\sum \\$130.00 \text{ 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	Street/Courier Addi	ress_

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Effective Date 5/22/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Lia	ability Company is:		
	ond with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	eet address of the principal	office of the Limited Liability Company is:	
Principal Office Address:		Mailing Address:	
7619 Jenkins Tolle, Fl. 3	1:1de 32310	Same	
	cany cannot serve as its own	, & Registered Agent's Signature: n Registered Agent. You must designate an ind on.)	ividual or
The name and the Florida str			
	Michaelhay af	e cis	
7	619 TONKIS rida street address (P.O. Bo	ox NOT acceptable)	
	Tallo, City	FL 323/0 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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

TE MAY 22 AM 10: 25

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Michaellayarus 7619 Jestus (1) Talle +1. 32310
(Use attachment if necessary)	Mu 22 2019 (OPTIONAL)
n effective date is listed, the date must be date of filing.) FICLE VI: Other provisions, if any.	date of filing: May 22, 2019 (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days
REQUIRED SIGNATURE:	Shan Omen'
(In accordance with section constitutes an affirmation u	member or an authorized representative of a member, and 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true, and formation submitted in a document to the Department of State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.)

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2