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SECRETARY OF STATE
ALL ANASSEE F. STATE

## **COVER LETTER**

TO: Registration Division of C	Section Corporations		
SUBJECT: EY		mited Liability Company	
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please return all corre	spondence concerning this m	natter to the following:	
<u>ha</u>	TASHA H	Name of Person	
		Name of Person	
En	1104a JUI	CE LIC	
í	70	Firm/Company	
28	322 544	AVE South	#221
_		Address	
<u>St.</u>	Ketersbu	leg, FL 33	712
A <sup>MI</sup>		City/State and Zip Code	
enjoy	R-mail address: (to be use	d for future annual report notific	ation)
For further information	n concerning this matter, plea	ase call:	
KATA SK Nam	HOUSE at (		30 lephone Number
Enclosed is a check fo	r the following amount:		
☐ \$125.00 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)
	ling Address stration Section	Street/Courier Add Registration Section	ress

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 Liability Company is:			
Enjoya Joice LLC  Must end with the words "Limited Liability Company, "L.L.C.," or "LLC."	)		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	:		
Principal Office Address:  2822 54th AVE Suth  3832 54th AVE Suth  422 55. Per RS burg, FL 33712  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 another business entity with an active Florida registration.)	Suct L3:	√η 37 <i>(</i> ual or	12
The name and the Florida street address of the registered agent are:    Land House   Name			
Having been named as registered agent and to accept service of process for the above stated limite, the place designated in this certificate, I hereby accept the appointment as registered agent and capacity. I further agree to comply with the provisions of all statutes relating to the proper and coof my duties, and I am familiar with and accept the obligations of my position as registered agent. Chapter 605, E.S  **Chapter 605, E.S.**  **Logistered Agent's Signature (REQUIRED)**	agree to mplete p	act in the erform ided for	his ance
(CONTINUED)	REIA	SEP :	:
Page I of 2	SSEE. FUO	22 AM II:	

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:  NATASHA HOUSE 2822 54th AVE South # 25 ST. Perkusburg, FL 33712	<b>D</b>
	<del></del>	
Tective date is listed, the date must b	date of filing: (OPTIONAL)  be specific and cannot be more than five business days prior to or 90 day	ys :
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