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(Requestor's Name)	
(Address)	
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(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MAJOR MODEL & TRLENT LLQ 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:	
LIBTASHR M MAJORS Name of Person	
MAJOR MODELS AND TRIENT LLC Firm/Company	
2801 CHANCERELOPSUILLIE DRIVE UNI # 75	<i>'</i> 6
TRUINHASSEFT 32312 'City/State and Zip Code'	
E-mail address: (to be used for future annual report notification) Major Moners True	ENT
For further information concerning this matter, please call:	L. 0
Matas/10 Majorsai (786) 203.1983	

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 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)

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R"	П	CI	Æ	I	- 1	Nα	me:

The name of the Limited Liability Company is:

(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:	Mailing Address:
2801 Chancellorsullie Dr. U	init 2801 Chancellorguillie Drive
11019 1136	14/196
TALLAHASY FL 32312	TALLAHASSE, FL 32312

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 individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Mat	a3ha Na	Miche me	11+ M	najors		
2801 Florida str	Chance address (P.	0-61 // 01 dec	SUI//IE	Drive.	uni+#	736
Ta11	ahass	ee, Fi	323	312		
(City	State	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..

(1) at auha m major Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Madasha Majors 2801 Chandellorsof live Drive Unit 736, Tallahasse, fi 32312
Rudlionized Member	Brianna Nicole Beakton 2001 Changellors VIIIIE Drive unit # 736 Tallahagsee, Fl 32312
Manager	Aneesha Majors 2801 Chancellorsvillie Orive unit# 796 Tallahassee, Fi 30312
(Use attachment if necessary)	
(If an effective date is listed, the date must be specific the date of filing.)	the applicable statutory filing requirements, this date will not be listed as ate's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	a M Mass

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-

Page 2 of 2