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	Requestor's Name)	
(Address)	
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	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
(Business Emily Name)	
	Document Number)	<u> </u>
Certified Copies	Certificates of S	Status
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SECRETARY OF STATE

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COVER LETTER

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Div	istration Section ision of Corporations		
& SUBJECT:		nics // C imited Liability Company	
The enclosed	Articles of Organization and fee(s)	are submitted for filing.	
Please return	all correspondence concerning this r	matter to the following:	
_	Lana	Hsad Name of Person	· · · · · · · · · · · · · · · · · · ·
-		Electronics Firm/Company	· · · · · · · · · · · · · · · · · · ·
_	1210 Capi	tal Circle S. A	= Unit H
	alexya	City/State and Zip Code hia O ya hoo. Co ed for future amual report notificat	<u>m</u>
For further info	ormation concerning this matter, plea	ase call:	·
-	•	<u>750</u>) <u>528-1.</u> Area Code Daytime Telephon	
Enclosed is a	check for the following amount:		
\$125.00 Filir	ng 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	Street Address	

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

New Filing 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: 20/5 Alice
(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: 1210 Capital Circle S.E 1210 Capital Circle S.E Tallahassee, FC. 32301 Tallahassee, FC. 32301
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: Lana HSacl Name 1854 Hcorn Ridge Trail Florida street address (P.O. Box NOTacceptable)
Tallahassee, Fl. 32312. 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
Registered Agent's Signature (REQUIRED)
(CONTINUED)

'n

Page 1 of 2

Title:	Name and Address:
'AMBR" = Authorized Member 'MGR" = Manager	, A L
MAR - Wallage	Lona Hsad
	1857 Hoorn Ridge Trout
	Tallahassee, FLU 32312
 	
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