LISUW 196557

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

	egistration Section ivision of Corporations	
	\mathcal{C}	
SUBJECT		<u> </u>
	Name of Limit	ed Liability Company
The enclose	ed Articles of Organization and fee(s) are s	submitted for filing.
Please retu	rn all correspondence concerning this matt	er to the following:
	Brian J. Your	Name of Person
		Name of Person
	GnuZu	
		Firm/Company
	1521 Hobbs	St.
		Address
	Tampa, FL 3	3619 y/State and Zip Code aimtees.com / Peterbolam 44 @ gmail.co
	City	y/State and Zip Code
-	<u>byoung@accl</u>	aintees.com/ Peterbolan 44 @ gmail.co
	E-mail address: (to be used for	or future annual report notification)
For further ir	nformation concerning this matter, please o	all:
	Brian J. Young at ()	213) 774-1972 a Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
]\$ 125.00 Fi	Certificate of Status	\$155.00 Filing Fee & S160.00 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	New Filing Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	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:	
(Must end with the words "Limited Liabi	Lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	
Principal Office Address:	Mailing Address:
Gnulu	Gnaza
1521 Hobbs St.	1521 Hobbs St.
Tampa, FL 33619	Tampa, FZ 33619
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent	are:
Brian J. Yo	ung
Seffner City	Tree Dr. Box NOT acceptable) 33584 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)

Page 1 of 2

NO :IN MAIN OF

[itle: AMBR" = Authorized Member	Name and Address:
AGR" = Manager	Pri T J
AMBR	306 Hollow Tree Dr.
	Seffner, FL 33584
AMBR	Patrick D. Langley
	Port Orange, FZ 32129
AMBR	Peter O. Bolan
	906 Druid Hills Rd.
	Temple Terrace, Fr 33617
	· · · · · · · · · · · · · · · · · · ·
V: Effective date, if other than the date ive date is listed, the date must be sp	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90
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V: Effective date, if other than the date tive date is listed, the date must be sp filing.) e date inserted in this block does not rent's effective date on the Department VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a me This document is execular may aware that any false.	meet the applicable statutory filing requirements, this date will not of State's records. The property of a member of a member of a member of an accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.
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