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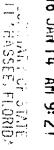
(Requestor's Name)		
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

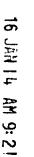
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Rame 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:			
Jean Ronel St Louis Name of Person			
Ronel St Jolic LLC.			
888NE 13276 St RAT 305			
North Miami Fl 33161 City/State and Zip Code Och Atlantic DR 6 To 27 12 10 20 Color			
Derst wuo B & hot moul. Com DE-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Jean R St Journal (305) 962-1498 Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the following amount: \$\frac{130.00 \text{ Filing Fee & Certificate of Status}}{Certificate of Status} \$\frac{155.00 \text{ Filing Fee & Certificate of Status}}{Certified Copy} \$\frac{160.00 \text{ Filing Fee, Certificate of Status & Certified Copy}}{Certified Copy} \$\frac{160.00 \text{ Filing Fee, Certified Copy}}{Certified Copy}			
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•	
ARTICLE I - Name:	· · · · · · · · · · · · · · · · · · ·
The name of the Limited Liability Company is:	
Ronel St Louis LL	C. 61 F
(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 C	三 ₀
Principal Office Address:	Mailing Address:
888 NE 132Th Statt 301 888	NE 132 TW ST ALASOF W MESMI, 1933/161
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signat (The Limited Liability Company cannot serve as its own Registered Agent. You must a another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Jean Ronel St 1	کشاه
888 NE 132Th St	1 84305
Florida street address (P.O. Box NOT acceptable)	
North Highi Fl 3	3161
City State Z	Sip
laving been named as registered agent and to accept service of process for the above statelace designated in this certificate, I hereby accept the appointment as registered agent are atther agree to comply with the provisions of all statutes relating to the proper and comply means for the proper and comply the familiar with and accept the obligations of my position as registered agent as provided	nd agree to act in this capacity. I lete performance of my duties, and I

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
	Jean R St 101 25 20 20 20 20 20 20 20 20 20 20 20 20 20		
(Use attachment if necessary)			
(If an effective date is listed, the date must be specifithe date of filing.)	iling: (OPTIONAL) ic and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed a state's records.		
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:	LR:-		
This document is executed in I am aware that any false inf constitutes a third degree fel	er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.		
<u>Jeen</u>	yped 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)