**Division of Corporations** 

**Electronic Filing Cover Sheet** 

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	Division of Co Fax Number				
From:	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944				
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Corporate Filing Menu

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	I - Name:  of the Limited Liability Company is: (Must end with the words "Limited Liability Company)  27)	oty.	
W	lave of words, LLC		
ARTICLE	<u>II - Address:</u> g address and street address of the principal office of the Limited Liabil	lity	
The name Company cont	III - Registered Agent, Registered Office: and the Florida street address of the registered agent are: (The Limited Lianot serve as its own Registered Agent. You must designate an individual or another business.)  Florida registration.)  IAYA BOWMAN  11420 SW 113 TOYYALL	bility entity	
-		16 A	SEC
ARTICLE The name: Liability Co	and title of each person authorized to manage and control the Limited ompany:	AUG -4 AM 8: 25	ACTARY OF SH
- - -	Sara Bowman (AMBR)	25	ATE IRIDA
,,			

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## Required Signatures:

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

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)