## L16000177793

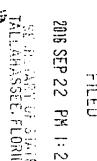
(Re	questor's Name)	1
(Ad	dress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phon	e #l
(Cil	iy/State/Zip/Filon	le #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
:		





900290096459

09/22/16--01019--016 \*\*125.00



V HERRING SEP 23 2016

## \* COVER LETTER

	Registration Section Division of Corporations	
SUBJECT	Callueng, LLC	
SUBJECT		e of Limited Liability Company
The enclos	sed Articles of Organization and	èe(s) are submitted for filing.
Please retu	urn all correspondence concernin	g this matter to the following:
	Adam A. Czaya, Esq.	
		Name of Person
	Law Office of Keith R. Taylor	P.A.
		Firm/Company
	P.O. Box 2016	
		Address
	Lecanto, FL 34460	
	zee34465@tampabay.rr.com	City/State and Zip Code
	E-mail address: (to	be used for future annual report notification)
For further i	information concerning this matte	er, please call:
	Jose Callueng	352 746-5393 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed i	is a check for the following amou	nt:
\$125.00 F	Filing Fee \$130.00 Filing Certificate of S	
	Mailing Address  New Filing Section  Division of Corporations P.O. Box 6327  Tallahassee, FL 32314	Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

SEP 22 PM 1: 20

AHASSEE, FLORIDA

ARTICLE I - Name: The name of the Limited Liability Company is:	2016
The halle of the Billings Blacking Company to	28
Callueng, LLC	TALL
(Must end with the words "Limited Liability Compa	ny, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limite	ed Liability Company is:
Principal Office Address:	Mailing Address:

5769 N. Elkcam Blvd.
Beverly Hills, FL 34465

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:

Name

1143 N. Lyle Ave.

Florida street address (P.O. Box NOT acceptable)

Crystal River Florida 34429

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 603, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page I of 2

Title: "AMBR" = Authorize	d Member		Name and Address:	2016 SEP 22 PM 1:
"MGR" = Manager			Jose Callueng	GERN BRY UN STAT TALLAHASSEE FLOR
AMBR	_		5769 N. Elkcam Blvd.	TALLMANASSEE, FLOR
			Beverly Hills, FL 34465	
AMBR	_		Zinnia Callueng	
			5769 N. Elkcam Blvd.	
			Beverly Hills, FL 34465	
	_			
(Use attachment if nec	cessary)		<u></u>	
	•	data a CEllin		(ORTIONAL)
LE V: Effective date, if	other than the	date of filing	g:	(OPTIONAL) ye business days prior to or 9
LE V: Effective date, if fective date is listed, the of filing.)	other than the	e specific a	nd cannot be more than fiv	ve business days prior to or 9
LE V: Effective date, if fective date is listed, the of filing.) If the date inserted in the	other than the de date must be is block does	ne specific at	nd cannot be more than five applicable statutory filing	(OPTIONAL)  ye business days prior to or 9  requirements, this date will no
LE V: Effective date, if fective date is listed, the of filing.) If the date inserted in the three date of the dat	other than the ne date must be is block does on the Depart	ne specific at	nd cannot be more than five applicable statutory filing	ve business days prior to or 9
LE V: Effective date, if fective date is listed, the of filing.) If the date inserted in the	other than the ne date must be is block does on the Depart	ne specific at	nd cannot be more than five applicable statutory filing	ve business days prior to or 9
LE V: Effective date, if fective date is listed, the of filing.) If the date inserted in the three date of the dat	other than the ne date must be is block does on the Depart	ne specific at	nd cannot be more than five applicable statutory filing	ve business days prior to or 9
LE V: Effective date, if fective date is listed, the of filing.) If the date inserted in the three date of the dat	other than the ne date must be is block does on the Depart	ne specific at	nd cannot be more than five applicable statutory filing	ve business days prior to or 9
LE V: Effective date, if fective date is listed, the of filing.) If the date inserted in the theorem is effective date of the LE VI: Other provisions	other than the ne date must be is block does on the Department, if any.	ne specific at	nd cannot be more than five applicable statutory filing	ve business days prior to or 9
LE V: Effective date, if fective date is listed, the of filing.) If the date inserted in the three date of the dat	other than the ne date must be is block does on the Department, if any.	ne specific at	nd cannot be more than five applicable statutory filing	ve business days prior to or 9

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Jose Callueng