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16 DEC 19 AM 8: 09

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Ed Chossishing LLC.  Name 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:
Vickie Tallon Name of Person
Table of Leison
Firm/Company
4414 Old Tampa Huy. Address
Kissimproe Harida 34446 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\int_{\text{S125.00 Filing Fee}} \int_{\text{S130.00 Filing Fee}} \int_{\text{Certificate of Status}} \int_{\text{Certified Copy}} \int_{\text{Certified Copy}} \int_{\text{Certified Copy}} \int_{\text{Certified Copy}} \int_{\text{Certified Copy}} \int_{\text{(additional copy is enclosed)}} \int_{\t
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

New Filing Section
Division of Corporation
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:	FILED 16 DEC 19 AM S. O.
(Must end with the words "Limited Liability C	Ompany, "L.L.C.," or "DLC.")"ASULE, FLORIDA
ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address:
Kissimner Florida J	Kissimmoo Lionida T Kissimmoo Lionida T
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered	

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Florida street address (P.O. Box

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..

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	Kissimmon Storida BAYILLE
(11	
Tective date is listed, the date must of filing.)	be date of filing:  (OPTIONAL)  be specific and cannot be more than five business days prior to or 90 descriptions and the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ument's effective date on the Depart	be specific and cannot be more than five business days prior to or 90 des not meet the applicable statutory filing requirements, this date will not be
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LE V: Effective date, if other than the ffective date is listed, the date must be of filing.)  If the date inserted in this block doe ument's effective date on the Departure of the date provisions, if any.  REOUIRED SIGNATURE:  Signature of this document is I am aware that are constitutes a third	f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.