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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



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M. MOON MAY 23 2017

COVER LETTER

	ling Section n of Corporations		
SUBJECT:	Illuminated Bookker	eping Services LLC Limited Liability Company	_
	Name of L	Limited Liability Company	
The enclosed Are	ticles of Organization and fee(s)	are submitted for filing.	
Please return all	correspondence concerning this	matter to the following:	
	Tennifer	Venezia Name of Person	
	Clemmer	Name of Person	
	luuminated	Bookkeeping Services LLC Firm/Company	
		Firm/Company	
	3404 W OAK	AVE.	
 -	5,75,74	Address	
	9	c. 226,2	ر. این شد
	PLANT CITY,	FL 33563 City/State and Zip Code Nezia 380 GMAIL . Com	- 1 F.
	Jannierve	rezia 380 GMAIL . Com	7 HAY 23
	E-mail address: (to be us	ed for future annual report notification)	- 8
For further inform	ation concerning this matter, ple	ase call:	## T: 43
Jev	nifer Venezia at	813 473 - 7494	- Land
	Name of Person	Area Code Daytime Telephone Number	
Enclosed is a che	eck for the following amount:		
\$125.00 Filing F	Fee \$130.00 Filing Fee & Certificate of Status	Certified Copy Certificat (additional copy is enclosed) Certified	Filing Fee, te of Status & Copy copy is enclosed)
	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

ARTICLE I - Name: The name of the Limited Liability	y Company is:				
	uted Bookkeepi	ng Serv	ices LLC ny, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ac	dress of the principal offic	ce of the Limit	ted Liability Company is	:	
<u>Principa</u>	al Office Address:		Mailing A	ddress:	
3404 W PLANT CI	OAK AVE. 14, FL 33563		3404 W. OAK PLANT CITY,	Ave. FL 33563	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own Re	egistered Ager		ı individual or	
The name and the Florida street a	iddress of the registered ag	gent are:			
		Venezio	2	_	
	3404 W. (_	
	Florida street address (_ •		
	Plant City	FL	33543 Zip	_ ~	17 K
	City	State	Zip	2	
Having been named as registered or place designated in this certificate, further agree to comply with the pr am familiar with and accept the ob	I hereby accept the appoint ovisions of all statutes relating ations of my position as	ntment as regis ting to the pro registered age	tered agent and agree to per and complete perforn	liability company at:t act in this capacity; nance of my duties; a	l nd I
	(CONTINUE	D)		

<u>Title:</u> "AMBR" = Au	thorized Member	Name and Address:
"MGR" = Man Am B R		Jennifer Venezia
		Jennifer Venezia 3404 W OAK AVE. Plant City, FL 33563
ICLE V: Effective	nt if necessary) date, if other than the date o	of filing: (OPTIONAL)
ICLE V: Effective a effective date is linate of filing.) If the date inserted ocument's effective ocument'	date, if other than the date of sted, the date must be specied in this block does not me date on the Department of ovisions, if any.	eet the applicable statutory filing requirements, this date will not be liste
ICLE V: Effective in effective date is listed at the filling.) If the date inserted in the comment's effective in the filling.	date, if other than the date of sted, the date must be speced in this block does not me date on the Department of	cific and cannot be more than five business days prior to or 90 days at eet the applicable statutory filing requirements, this date will not be liste
ICLE V: Effective n effective date is li ate of filing.) If the date inserte ocument's effective ICLE VI: Other pro	date, if other than the date of sted, the date must be specied in this block does not me date on the Department of ovisions, if any.	cific and cannot be more than five business days prior to or 90 days at eet the applicable statutory filing requirements, this date will not be liste
ICLE V: Effective n effective date is li ate of filing.) If the date inserte ocument's effective ICLE VI: Other pro	date, if other than the date of sted, the date must be specied in this block does not me date on the Department of ovisions, if any. Signature of a mer	eet the applicable statutory filing requirements, this date will not be listed f State's records.
ICLE V: Effective n effective date is li ate of filing.) :: If the date inserte locument's effective ICLE VI: Other pro	date, if other than the date of sted, the date must be specied in this block does not me date on the Department of ovisions, if any. Signature of a mer This document is execute I am aware that any false	eet the applicable statutory filing requirements, this date will not be lister of State's records.

Filing Fees:

Jennifer Venezia
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)