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(Re	equestor's Name)	
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Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer;	j

Office Use Only



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TO7/19/19

COVER LETTER

10: New Film Division o	g Section f Corporations		
SUBJECT:	Flore 200	? (le	
	Name of Li	imited Liability Company	_
The enclosed Articl	es of Organization and fee(s) a	are submitted for filing.	
Please return all con	respondence concerning this n	natter to the following:	
Ch:	Stocker A. Sla	ed e	
		Name of Person	
**		Firm/Company	
		Firm/Company	
_55	24 Contail of	Address	
	(kebrassee, FC, 3)	Z3 ≥ 3 City/State and Zip Code	
<u> Ste</u>	Lel v 587 6 and 1 E-mail address: (to be use	・ このへ ed for future annual report notification)	
	on concerning this matter, plea		
Chris S	Name of Person	RSS 1 764 - 3661 Area Code Daytime Telephone Number	
Enclosed is a check	c for the following amount:		
S125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	Filing Fee, ate of Status & I Copy I copy is enclosed
; I !	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Fallahassee, 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

(Must contain the words "Limited Liability (
LE II - Address: ling address and street address of the principal office of the	ne Limited Liability Company is:
mig address and sireer address of the principal office of the	ic Limited Endothity Company is.
Principal Office Address:	Mailing Address:
Principal Office Address: 5524 Cattail (4) Talthursee FL 32307	Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent You must design

(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:

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Chistophii A. Stasti.
Name

5524 Cattail 14.

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

Tallacaste II 323 63

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..

Registered Agent's Signature (REQUIRED

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
· · · · · · · · · · · · · · · · · · ·	
MER	Chic Stade
	SSIT Cotto: (14.
	Tollaharrecte 31503
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(Use attachment if necessary)	
the date of filing.)	the of filing: 7/19/17 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as at of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	nember or an authorized representative of a member.
This document is exec I am aware that any fal	number or an authorized representative of a member. The futed in accordance with section 605.0203 (1) (b), Florida Statutes. The information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
Christag	Typed 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)