L17000158915

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800301558838

07/26/17--01002--004 ++125.00

17 JUL 25 PH 14 I

2017 JUL 25 PI

SECALTARY OF STATE

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: 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:	
Frederick Denkins Sk Name of Person	
Frederick + SON ENTERPRISE Firm/Company	
3132 ELwood Trn. L	
City/State and Zip Code Frederick Jenkins 24 9 gm mil. Com E-mail address: (to be used for future annual report phtification)	
For further information concerning this matter, please call:	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount: S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)	ON SECRETARY SECRETARY
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	OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Must contain the words "Limited Liability Comp.	any, "L.L.C" or "L.LC.")
C1.E II - Address: nailing address and street address of the principal office of the Lin	nited Liability Company is:
Principal Office Address:	Mailing Address:
JAJA ELWOOD TRAIL	SAME
Tallahussee Fl 32309	
CLE III - Registered Agent, Registered Office, & Registered Limited Liability Company cannot serve as its own Registered Agent business entity with an active Florida registration.)	Agent's Signature: gent. You must designate an individual
imited Liability Company cannot serve as its own Registered Agr business entity with an active Florida registration.)	gent. You must designate an individual
imited Liability Company cannot serve as its own Registered Agr business entity with an active Florida registration.) une and the Florida street address of the registered agent are: Lacelenek De	kent. You must designate an individual
imited Liability Company cannot serve as its own Registered Agr business entity with an active Florida registration.) ame and the Florida street address of the registered agent are: Lacelenek	nkin's Sz
imited Liability Company cannot serve as its own Registered Agr business entity with an active Florida registration.)	TRALL OT acceptable)

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)

(CONTINUES)

Title:	Name and Address:	
"MGR" = Authorized Member "MGR" = Manager MGL	Frederick Jenkins SR 3132 Elwood Tenil Tallahassee FL 32309	
(Use attachment if necessary)	2017	
(If an effective date is listed, the date must be spec	filling: 07-24-2017 (OPTIONAL) ific and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed a State's records.	
ARTICLE VI: Other provisions, if any.		
REOUIRED SIGNATURE:		
Section 2	5.	
This document is execute	nber or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	
	Typed or printed name of signee	

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

Filing Fees: \$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)