L1800018606

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





900307822309

01/19/18--01023--016 **125.00

18 JAN 19 AN 8:5

COVER LETTER

SUBJECT: In finite Life 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: Ty Hunter Temmel Name of Person Firm/Company 812 Viscaya Inne, altamente springs Address FL 32701 City/State and Zip Code infinite/ife. US @ gmail. Com E-mail address: (to be used for future annual report notification)
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: Ty Hunter Temmel Name of Person Firm/Company 812 Viscaya lane, altamente springs Address FL 32701 City/State and Zip Code in Firite/Ife. US @ gmail. Com
Please return all correspondence concerning this matter to the following: Ty Hunter Temmel Name of Person Firm/Company 812 Viscaya lane altamente springs Address FL 32701 City/State and Zip Code in Finite/Ife. US @ gmail. Com
Ty Hunter Temmel Name of Person Firm/Company 812 Viscaya lane, altamonte springs Address FL 32701 City/State and Zip Code in Finite/IFE. US @ gmail. Com
Firm/Company 812 Viscaya lane, altamonte springs Address FL 32701 City/State and Zip Code infinite/ife. Us @ gmail. com
812 Viscaya lane, altamente springs Address FL 32701 City/State and Zip Code infinite/ife. US @ gma;/. com
FL 32701 City/State and Zip Code infinite/Ife. US @ gma; 1. com
infinite/ife. US @ gmail. com
infinite/ife. US @ gmail. com
E-mail address: (to be used for future annual report notification)
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:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address New Filing Section Street Address New Filing Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	In Finite L	ife LLC.	
(Mus	t contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and st	reet address of the principal office of t	the Limited Liability Company is:	
<u>Pr</u>	incipal Office Address:	Mailing Address:	
_ 812 V: 	scrya lone Altermente 5, FL, 32701	Springs FL 327	Altamonte Oi
			
(The Limited Liability Con another business entity wit	h an active Florida registration.) street address of the registered agent as	stered Agent's Signature: red Agent. You must designate an individual	lor
(The Limited Liability Con another business entity wit	npany cannot serve as its own Register han active Florida registration.) street address of the registered agent as	stered Agent's Signature: red Agent. You must designate an individual	18 JAN 19
(The Limited Liability Con another business entity wit	npany cannot serve as its own Register han active Florida registration.) street address of the registered agent as	stered Agent's Signature: red Agent. You must designate an individual	18 JAN 19 AM
(The Limited Liability Con another business entity wit	npany cannot serve as its own Register han active Florida registration.) treet address of the registered agent at Ty Hunte Name 812 Visco Florida street address (P.O. E	stered Agent's Signature: red Agent. You must designate an individual re: TEMME yn Lane Sox NOT acceptable)	18 JAN 19
(The Limited Liability Con another business entity wit	npany cannot serve as its own Register han active Florida registration.) treet address of the registered agent at Ty Hunte Name 812 Visco Florida street address (P.O. E	stered Agent's Signature: red Agent. You must designate an individual	18 JAN 19 AM 8:

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title:	Name and Address:
"AMBR" = Authorized Member	Tu Hunter Temmel
"MGR" = Manager " M 🕒 R	Ty Hunter Temmel 812 Viscaya Lune, Altamonte Springs, FL
"MGR"	SIC Viscaya Lune,
	Altamorte Springs, 1-L
	_30/01
	
	
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date and effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does not be a second or second.	ate of filing: 1/16/2018 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does no the document's effective date on the Departme ARTICLE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does no the document's effective date on the Departme ARTICLE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does no the document's effective date on the Department ARTICLE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
ARTICLE V: Effective date, if other than the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department of the document's effective date on the Department of the document is except a management of a This document is except a management of the document is except a management of the document of the document is except a management of the date of	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
ARTICLE V: Effective date, if other than the d If an effective date is listed, the date must be he date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exe I am aware that any fa constitutes a third dep	member or an authorized representative of a member. cented in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

AŔTICLE IV-

\$ 5.00 Certificate of Status (Optional)