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SECRETARY OF STATE
AHASSEE, FLORID

COVER LETTER

	New Filing Section Division of Corporations	
SUBJEC	CT: Name of Limited Liability Company	
The enclo	losed Articles of Organization and fee(s) are submitted for filing.	
' Please re	eturn all correspondence concerning this matter to the following:	NO SERVICE CONTRACTOR OF SERVICE CONTRACTOR
	Alexander Josué Entierrez N. Name of Person	er.00
	831 RiDGE RD tallahasgee Fl	32305
		·
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For furthe	er information concerning this matter, please call:	
,	Name of Person Area Code Daytime Telephone Number	ं फ्रम्म भूतार . ८.२
Enclose	ed is a check for the following amount:	
\$125.00	(additional copy is enclosed) Certified C	of Status &
	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	

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NEW WHAT I WE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	LE I - I	Name:
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The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:		
837 RIDGE RD	831 RIDGE RD		
tallahassee F132305	+011011a550c 32305		

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (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:

Alexander Josue Bulierre Ner. O

Name

831 Pri) 6 E R D

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

4910 hosse F1 32305

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..

Alexander Josof Julierver Werid Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED FILED SECRETARY OF STATE SALLAHASSEE, FLORIDA

	The name and address of each person auth	norized to manage and control the Limited Liability Company:		
	Title: "AMBR" = Authorized Member	Name and Address:	84	धाराम स्वास्तः । ४८
, .,	"MGR" = Manager	Alexander J Nario	CC	
		F132305		
,	(Use attachment if necessary)			
ARTIC	TLE V: Effective date, if other than the date	of filing: (OPTIONAL)		
(If an o the dat Note:	effective date is listed, the date must be spoon of filing.) If the date inserted in this block does not	neet the applicable statutory filing requirements, this date will no		
the do	cument's effective date on the Department	of State's records.	S\$	अंधि स्वास् । य
ARTIC	CLE VI: Other provisions, if any.			
				
	REOUIRED SIGNATURE:			
	Ale Ya	oder J. Neril		
	This document is exect	ember or an authorized representative of a member, and in accordance with section 605.0203 (1) (b). Florida Statutes, se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.	:	
	Alex	Typed or printed name of signee		

Filing Fees:

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

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)