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TO MAY - 9 PM I-II.

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Jordan Entla L. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for tiling.
Please return all correspondence concerning this matter to the following:
Indan Tenta
Name of Person
98 Faith Ave
Address
DeFunial Springs FL 32433
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Indan Tenta a (850) 610-2978
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee & Certified Copy (additional copy is enclosed)
Mailing Address Street Address No. 1816 of Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 C	Company is:		
<u>lord</u>	an Tenuta the words "Limited Liability"	Company "LLC " or "LL	C.")
(Must contain	the words. Limited Liability	Company, Educa, or Ed	O. ,
ARTICLE II - Address: The mailing address and street addr	ress of the principal office of the	ne Limited Liability Compa	ny is:
<u>Principal</u>	Office Address:	Mailir	ig Address:
98 Faith) DeFuniak 32433	lve Springs FL	Same as	s Principal
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an act	innot serve as its own Register	tered Agent's Signature: ed Agent. You must designa	ate an individual or
The name and the Florida street ad	dress of the registered agent a	Tendo	
	98 Faith A Florida street address (P.O. I De Fanak Spa City S	Jenue Box NOT acceptable) Ling 5 PL 32 Line Zip	<u>433</u>
	-··•	•	

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 Signature (REQUIRED)

(CONTINUED)

8 :1 HAY -9 PH 1:58

Fitle:	Name and Address: Sordan Tenda
AMBR" = Authorized Member MAR" = Manager	98 Faith Ave
MGR	48 tath Ave
	Detuniak Springs
	51 22/1/22
	FL 32733
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