L18000130719

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone #	r)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates c	of Status
Special Instructions to	Filing Officer;	

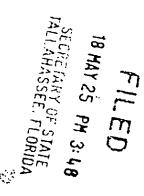
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*CORPORATE ACCESS, ___

When you need ACCESS to the world

INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

		WALK IN
	PICK UP:	5bs
×	CERTIFIED COPY	
	РНОТОСОРУ	
	cus	
X	FILING	LLC
	Carizma LLC (CORPORATE NAME AND DOCUMENT#)	
	(CORPORATE NAME AND DOCUMENT #)	
	(CORPORATE NAME AND DOCUMENT #)	
	(CORPORATE NAME AND DOCUMENT #)	···
	(CORPORATE NAME AND DOCUMENT #)	
	(CORPORATE NAME AND DOCUMENT #)	
CIA	L INSTRUCTIONS:	

COVER LETTER

TO:	New Filing Section Division of Corporations				
SUBJE	CT.	CARIZMA LL	2		
SOBJE	Name of Limited Liability Company				
The end	closed Articles of Organization and fee	(s) are submitted	for filing.		
Please r	eturn all correspondence concerning th	is matter to the f	following:		
		LINDA FERN	ANDEZ		
		Name of	Person		
		CARIZMA	LLC		
	Firm/Company 5823 49th Street N				
Address					
	FL 33709				
		City/State and lcarizma@	-		
•	E-mail address: (to be	used for future a	nnual report notification)		
For furthe	er information concerning this matter, p	lease call;			
	Linda Fernandez	718 t (744-8081		
	Name of Person	Area Code	Daytime Telephone Number		
Enclose	d is a check for the following amount:				
]\$125.00	Filing Fee S130.00 Filing Fee Certificate of Status	s LUCertific	O Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	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		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CARIZMA LLC (Must c	contain the words "Limited L	iability Company,	"L.L.C.," or "LLC.")	_
RTICLE II - Address:		,,	, ,	
	et address of the principal off	fice of the Limited	Liability Company is:	
<u>Prir</u>	Principal Office Address:		Mailing Address:	
5823 49th Street)	N .	5823	3 49th Street N	
St. Petersburg FL		St. f	etersburg FL 33709	_
The Limited Liability Comp nother business entity with	Agent, Registered Office, & any cannot serve as its own R an active Florida registration eet address of the registered a	Registered Agent.	nt's Signature: You must designate an individual or	
The Limited Liability Comp nother business entity with	any cannot serve as its own F an active Florida registration	Registered Agent.		
The Limited Liability Comp nother business entity with	any cannot serve as its own R an active Florida registration eet address of the registered a Linda Fernandez	Registered Agent.		
The Limited Liability Comp nother business entity with	any cannot serve as its own R an active Florida registration eet address of the registered a Linda Fernandez	Registered Agent) ngent are:		
The Limited Liability Comp nother business entity with	any cannot serve as its own R an active Florida registration eet address of the registered a Linda Fernandez	Registered Agent) ngent are: Name	You must designate an individual or	
The Limited Liability Comp nother business entity with	any cannot serve as its own R an active Florida registration eet address of the registered a Linda Fernandez 5823 49th Street N	Registered Agent) ngent are: Name	You must designate an individual or	

Registered Agent's Signature (REQUIRED)

(CONTINUED)

18 MAY 25 PH 3: 48
SEURE JAHY OF STATE
TALL AHASSEE, FLORIDA

ARTICLE IV-

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

Title: "AMBR" = A	uthorized Member	Name and Address:		
"MGR" = Ma AMHR	nager	LINDA FERNANDEZ 5823 49th Street N St. Petersburg FI. 33709		
·	nt if necessary)	. (OPTIONAL)		
If an effective date is line date of filing.) Note: If the date insert	isted, the date must be specific and	cannot be more than five business days prior to or 90 days after pplicable statutory filing requirements, this date will not be listed a		
ARTICLE VI: Other pr	ovisions, if any.			
REOUIRED :	SIGNATURE:	Ternander		
	Signature of a member or . This document is executed in account.	an authorized pepresentative of a member. ordance with action 605.0203 (1) (b), Florida Statutes. ion submitted in a document to the Department of State		
		DA FERNANDEZ 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)

FILED
18 MAY 25 PH 3: 48
SECRE JARY OF STATE
TALLAHASSEE, FLORIDA