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SECRETARY OF STATE

N CULLIGAN
JUL 1 2 2018

# **COVER LETTER**

**New Filing Section** 

TO:

Division of Corporations		
SUBJECT: Fitzay F. Fances L. 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:		
Fitzing Franklyw Francis Name of Person		
Fitziny F. Francis LLC.		
8885 Okeechobee blyd aft. 208		
City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Fitzay Frances at (SBI) S07-3283 Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\ \times S130.00 Filing Fee & \times Certificate of Status \times Certificate of St		
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle		

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE 1 - Name:

The name of the Limited Liability Company is:

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2018 JUL 10 AM 9: 40

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.," JALLAHASSEE, FLORIO:

### ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
888 Okeechebee blyd	885 Okechebee blad
est 20 8 West Pelm Bord	ant 108 West lown Beach
FZ. 334(1	F6. 33411

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:

Name

Name

Name

Name

Name

Name

No. Co. Chobol blvd MF 708

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

Most laba Book Fr. 3347

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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Aft. 788 West Palm Boach FL. 334
<del></del>	
<del></del>	2018 SEC
(Use attachment if necessary)	FLORID
ate of filing.)	. (OPTIONAL) ad cannot be more than five business days prior to or 90 days after
ocument's effective date on the Department of State	applicable statutory filing requirements, this date will not be listed as 's records.
ICLE VI: Other provisions, if any.	· · · · · · · · · · · · · · · · · · ·
REQUIRED SIGNATURE:	
Signature of a member o	r an authorized representative of a member.
I am aware that any false inform	ecordance with section 605.0203 (1) (b), Florida Statutes, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.

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)