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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER - .

TO: New Filing Section Division of Corporations	<u>.</u>
SUBJECT: Best Find Color Name of Limited Liability	of Tallahassee LLC
The enclosed Articles of Organization and fee(s) are submitted for	or tiling.
Please return all correspondence concerning this matter to the fol	llowing:
Andre 1 G.	
Name of P	erson
-	
2399 Paro	
Tallahassac FL	32707
City/State and	Zip Code
E-mail address: (to be used for future an	nual report notification)
For further information concerning this matter, please call:	
Andre R Gibb at (eso)	264-7178
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certified	Stiling Fee & \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
New Filing Section Notice of Corporations Division of Corporations P.O. Box 6327 Callahassee, Fl. 32314 2	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE	l Nama:	

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:	dud
2299 Parot Lane	2171 Huntagton woods	ه ماه ا
FOH' F1 32707	tell re	
14 llahassee	Tallahassee	

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:

Are Constituting Name

Name

Parot Lawcc

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

Telt To 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Auch R Ca, Hir
	2795 Pariot Lance
AMBR	Tallahassee
7 7 7 7 7	[4110-1430-
(Use attachment if necessary)	
LEV: Effective date, if other than the d	date of filing: (OPTIONAL)
fective date is listed, the date must be	date of filing:
fective date is listed, the date must be of filing.)	specific and cannot be more than five business days prior to or 90 day
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Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

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