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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PłCK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Citywide Se	Wer Strainage LLC Liability Company
The enclosed Articles of Organization and fee(s) are sul	bmitted for filing.
Please return all correspondence concerning this matter	to the following:
Frankie Gere	na In
Citywide Se	ewer & Drainage LLC
5925 Nashu	A LVE Address
Orlando FC	32809
fgerenn 2301 a	State and Zip Code (A.D.). (C.D.) future annual report notification)
For further information concerning this matter, please cal	II:
Name of Person Area	17,864-6310
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status (a	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy idditional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	New Filing Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	TO	FI	_	Nα	me:
~	L 1	101	- L: I	-		

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:
59as Nashua Ave	5925 Nashua Ave
(3clanius F1 32809	Orlando FL 32804

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:

Frankle Gereng

Name

5,925 NAShua AVL

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

Drianulo fl 32809

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Frank & France Ja.
	PYSON COLONIA
	A A A A A A A A A A A A A A A A A A A
	-00 100 (M) - FC 32507-
	·
(Use attachment if necessary) LEV: Effective date, if other than the d	late of filing: . (OPTIONAL)
CLE V: Effective date, if other than the diffective date is listed, the date must be	
LE V: Effective date, if other than the d ffective date is listed, the date must be e of filing.)	specific and cannot be more than five business days prior to or 90 days
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CLE V: Effective date, if other than the deffective date is listed, the date must be see of filing.) If the date inserted in this block does not current's effective date on the Department's	of member or an authorized representative of a member. The ecuted in accordance with section 605.0203 (1) (b). Florida Statutes. False information submitted in a document to the Department of State gree felony 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)

ARTICLE IV-