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COVER LETTER

	iew Filing Section livision of Corporations			
SUBJECT	T: <u>Fremie</u> Name of	CLimited Liability Company	<u> </u>	
The enclos	sed Articles of Organization and fee(s	s) are submitted for filing.		
Please retu	irn all correspondence concerning thi	s matter to the following:		
	Jeanet	HE VAZGMES	2	
		is and or i coord		
Firm/Company				
P.O. Box 12-0-751 Address				
	Address			
	Info O Prec E-mail address: (10 be 1	F1 34712 City/State and Zip Code mier Party Rides. used for future annual report notified	Com	
For further i	information concerning this matter, p	lease call:		
	Jenette VAZquez	Area Code Daytime Telepho	86 one Number	
Enclosed i	s a check for the following amount:			
\$125,00 F	iling Fee S130,00 Filing Fee of Certificate of Status		S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address	Street Address		

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 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:
4031 Long worth Loop	P.O. Bex 120-151
Kissimmer F134744	Charmont F1 3-1712

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:

	quelinE	kamos			
Name					
5454	HOSSNE	RAVE			
Florida street address (P.O. Box <u>NOT</u> acceptable)					
Orlando	FI	32812			
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.

(CONTINUED)

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ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	Jeanette Vrzgulz 4031 Longworth Logo Kissimmee Fl 34744		
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be specified date of filing.)	filing: C 16 2019 (OPTIONAL) fic and cannot be more than five business days prior to or 90 days after		
	et the applicable statutory filing requirements, this date will not be listed as State's records.		
REOUIRED SIGNATURE:	Ale V12gry		
This document is executed 1 am aware that any false it constitutes a third degree f	ber or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.		
<u>Jea</u>	NETTE VAZQUEZ Typed 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)

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