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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #	·)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name	)
(Document Number)		
Certified Copies	_ Certificates o	f Status
Special Instructions to Filing Officer:		
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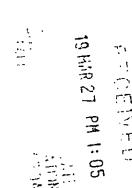
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TO THE STATE OF STATE

2019 KEBS 2 PM 1:522

## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT:
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Uason Rowell
Name of Person
7342 NW 47th PL
Address
Lauder hill FL 33314 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:
Jason Pawell at 954, 295-3936  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 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

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:
7 341 NW. 47 th Pl	7342 NW 47th PL
1 march 11 1 1 723 14	Laudernin, FL
	33319

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:

Correling L. H. Sa. In Sc.

Name

1536 China Grave Trail

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

Tallahase FL 32301

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. Thereby 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)

2019 FAR 27 FA 1:52

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
<u>C</u> E.O.	Lauder hill, FL 333ig
<u>C. O. O</u>	Cornelius L. H. Smith Sr. 1536 Chay Grove Trail Julianasses, Ft 32301
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.)	the of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	M2 -
KEUUIKED SKIRWI UKI.	
RECORD SMANTONS.	////////////
Signature of a	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes.

Filing Fees:

9500 fowell Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)