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SECRETARY OF STATE
AND ANASSEE, FLORID

N CULLIGAN!
MAR 27 2019

## AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Roosevelt Williams.	u.c					
(Must	contain the words "Limited I	Liability Company, "	1L.C.," or "L.L.C.")			
ARTICLE II - Address: The mailing address and stre	et address of the principal of	ffice of the Limited	Liability Company is:			
Principal Office Address:			Mailing Address:			
4280 Booker St		4280 [	Booker St			
Orlando, FL. 3281	1	Orland	io, Fl. 32811			
ARTICI F III - Registered	Agent Registered Office	& Registered Agen	t's Signature:			
(The Limited Liability Com another business entity with	Agent Registered Office	Registered Agent. (	t's Signature: You must designate an individual or	SEURETARY	19 MAR 20	1 ,
(The Limited Liability Com another business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered	Registered Agent. (	t's Signature: You must designate an individual or	SEURETARY OF	AM	
(The Limited Liability Com another business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered	Registered Agent. (	t's Signature: You must designate an individual or	EURETARY OF S LLAHASSEE, FL	AM 9:	1
(The Limited Liability Com another business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered Roosevelt Williams, Jr	in.) I agent are:  Name	OU must designate an individual of	EURETARY OF S LLAHASSEE, FL	AM	
(The Limited Liability Com another business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered Roosevelt Williams, Jr.	in.) I agent are:  Name	OU must designate an individual of	EURETARY OF LLAHASSEE,	AM 9: 2	

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)

Title:		Name and Address:	
"AMBR" = Authorized Me	mber		
"MGR" = Manager			
MGR		Roosevett Williams, Sr	
		4280 Booker St	
		Orlando, Fl 32811	
AMBR		Roosevelt Williams	
	4280	42890 Booker St	عَ
		Orlando, Fl 32811	19 MAR 20
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(Use attachment if necessar	y)		
T.F.V. Effective date if other	than the date of filing:	(OPTIONAL)	
effective date is listed, the dat	e must be specific and	I cannot be more than five business days prior to or 90 o	iavs after
e of filing.)	o thou so specific and		
	ck does not meet the a	pplicable statutory filing requirements, this date will not l	oe listed a
cument's effective date on the			
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Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Roosevelt Williams,

Typed or printed name of signee

as

## 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)