L19000108385

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Linky Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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U4/17/18--U1U12--U1U **125.UU



N CULLIGAN APR 2 9 2019

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: · Corporate LLe Civil to Bun Blue /pt 106 Clearuster / f | 33754 Austin . King of O ycho Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Mailing Address

Enclosed is a check for the following amount:

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

S130.00 Filing Fee & Certificate of Status

Street Address

\$155.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

\$160.00 Filing Fee.

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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:

<u>i rucipar</u>	Office Address.		Mailing Addre	:99:	
2009 Bill	to Bay D	10d (\$1de) (pt	2009 (elf t	o Dan Bludd	
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an act	innot serve as its own	Registered Agent.		33 <i>751</i> ividual or	
The name and the Florida street add	Λ , -	agent are: KingoS Name		19 APR T	<u> </u>
	2909 G		304 Blud P		
-	Clacinetel City	State	33759 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)

The name and address of each person authorized to manage and contr	ol the Limited Liability Company:
Title: Name and Addres "AMBR" = Authorized Member	Si:
"MGR" = Manager AMDR	2909 24 DW (PH 104)
MGR Z Avotin	Kinges)
MA	NA
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of filing: WA (If an effective date is listed, the date must be specific and cannot be more th	
the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory t	iling requirements, this date will-not be-listed as
the document's effective date on the Department of State's records.	
ARTICLE VI: Other provisions, if any.	
N/A	
	
REQUIRED SIGNATURE:)
Signature of a member or an authorized repr This document is executed in accordance with section	

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.

Austin Kingos
Typed or ponted name of signee

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)