## [ 900013110

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





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TALLAHASSEE, FLORIDA



RECEIVED

## COVER LETTER

	Filing Section sion of Corporations	•
SUBJECT: _	Nais	Name addimited Liability Company
The enclosed	Articles of Organization	and fee(s) are submitted for filing.
Please return a	all correspondence conc	terning this matter to the following:
	Jennifer	Name of Person
_	108 M	jurieheld ar
_	WENKO	NO MIN SLOOT
		Address
	Enny Over	City/State and Zip Code  City/State and Zip Code  Sis: (to be used for future annual report notification)
for further info	rmation concerning this	matter, please call:
X	Name of Person	Area Code Daytime Telephone Number
Enclosed is a c	check for the following	amount:
\$125.00 Filing	g Fee S130.00 Fi Certificate	
	Mailing Address New Filing Section	Street Address New Filing Section

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, FI, 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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1	K	IC	L.r.	1 -	18 a	me	

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:	Mailin	g Address	<b>«:</b>
1915 pineforesting	same		~~=1~ 9 x ()
ponsacola PL 38524			

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:

Stores Dox St. Dol S
Florida street address (P.O. Box NOT acceptable)

r minda sireer address (1.0. Dox <u>mor</u> acceptable)

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.

(CONTINUED)

Regisfered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR pensalon	Jennifer Nguyen 5063 Port St. Jul St.
Mak	LISA Truona 1033a Mers Tarl pensacaa, FL 32526
(Use attachment if necessary)	
the date of filing.)  Note: If the date inserted in this block does not meet the document's effective date on the Department of Start ARTICLE VI: Other provisions, if any.	the applicable statutory filing requirements, this date will not be listed as ate's records.
REQUIRED SIGNATURE:	umi
Signature of a prembe This document is executed in I am aware that any false info	r or an authorized representative of a member.  a accordance with section 605.0203 (1) (b), Florida Statutes, principles of a member of statutes of a member of statutes.  Sony as provided for in s.817.155, F.S.
<u>Jenn Ifex</u>	ped or printed name of signee
\$125.00 Filing Fee for Articles of Organic \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	Filing Fees: zation and Designation of Registered Agent

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

ARTICLE IV-