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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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2019 HAY -6 AH 9: 32

Cover Letter

Lynn Stewart

800 Briarwood Drive Haverhill Florida 33415

1(561)727-6987

COVER LETTER

TO: New Filing Sec Division of Co			
SUBJECT: VIY	MANI ASIS Name of Lim	LLC ited Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspond	ondence concerning this mat	tter to the following:	
	Sunn 1	1. Stewast	
,	<i>(</i>)	Name of Person	
V	Timani-	-1sis LL	\mathcal{C}
		Firm/Company	
	600 Briari	NOOD Drive	
_ Ha	verbill Flo	orida 334	115
	Ci	ty/State and Zip Code	
_VJLDNE	AMI O (S. S. L. U) LA	Ogmal. Com	·
		•	uon)
Tartaer Intollization co	ncerning this matter, please	Can;	
Lupn	Stewart 110	701 , 727. Lea	187
Nam	e of Person An	ea Code Daytime Telephor	ne Number
Enclosed is a check for t	he following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fiting Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status &

Mailing Address

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

Street Address

(additional copy is enclosed)

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

Certified Copy (additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
- Wimmiasis LLC	
(Musi contain the words "Limited Liability Co	ompany, "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:
HAVERBILL FL 33415	Symt SUD BriDewood
	11-1001-11 11 72115

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:

Name

SO BRIDE DRIVE

Florida street address (P.O. Box NOT 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, I hereby accept the appointment agreegistered 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)

itle:	Name and Address:
AMBR" = Authorized Member	
MGR" → Manager	
	TIND TEMPER
_	- DU BRIAR WOOD DE
	Havechill, FL 53415
	
V: Effective date, if other than the da tive date is listed, the date must be s filing.)	specific and cannot be more than five business days prior to or 90
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Scott, Tyrone K.

From: Lynn Stewart < lynnstewart081@gmail.com>

Sent: Wednesday, May 15, 2019 9:34 AM

To: Scott, Tyrone K.

Subject: LLC name

EMAIL RECEIVED FROM EXTERNAL SOURCE

KiMANi-iSiS