(Requestor's Name)	
(Address)	
(Address)	400333787834
(City/State/Zip/Phone #)	
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(Business Entity Name)	2013
(Document Number)	SEP
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	ය. ප රි
Will Wait	SEP 16
Office Use Only	

TO: New Filing Section Division of Corporations

Nail and SUBJECT: Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bitchildon NGUYOM Name of Person Firm/Company 1010 High meader Dr Address Tallahassee, FL 32301 City/State and Zip Code Chnquyeh 78 @ gmai) (om E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandon $\frac{211}{100}$ at $(\frac{850}{100})$ $\frac{597 \cdot 2515}{100}$ Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

\$125.00 Filing Fcc

\$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & 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

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:

Principal Office Address:	Mailing Address:
1660-7 North mensue st	1660-7 North Manue St.
Tarlahussee, FL 32303	Tallahussing FC 32303

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:



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..



(CONTINUED)



ARTICLE IV-

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

 Title:
 Name and Address:

 "AMBR" = Authorized Member
 Bi anidon ________

 "MGR" = Manager
 Bi anidon ________

 MgR
 Bi anidon ________

 MgR
 Bi anidon _______

 FL 32311

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10 - 0/-2019. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing 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.

REOUIRED SIGNATURE: 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. This document is executed in accordance with section 000,0200 (1) (0). 1 am aware that any false information submitted in a document to the Department of States 1 am aware that any false information submitted for in s 817,155, F.S. SCUTION nguyer Typedor printed name of signee σ Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent က \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) \mathcal{O}_1