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(R	equestor's Name)	
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(Ac	ddress)	 _
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(Ci	ty/State/Zip/Phone	e #)
<u>u.</u>		
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Dc	ocument Number)	
_,		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		
- <u></u>		
••	Office Use Only	у



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COVER LETTER

TO: New Filing Sect Division of Cor				
SUBJECT: HG	note your	business F	Ent.	
The enclosed Articles of	Organization and fee(s) are sub	omitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
<u> Yee</u>	<u>an Miller</u>	ame of Person		
133	0 1gth St			
		Address		
So	rasota Flori	da 34236		
City/State and Zip Code				
Vcen	an 62398 @ 91	Mail. Can		
Sara Sota Florida 34236 City/State and Zip Code Vcenan 62898 @ GMail. Com E-mail address: (to be used for future annual report notification)				
For further information ec	oncerning this matter, please ca	II:		
Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for	the following amount:			
\$125.00 Fiting Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy additional copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mail</u>	ing Address	Street Address		
	Filing Section	New Filing Section	Arr.	
	don of Corporations Box 6327	Division of Corporation Building	ons	
	hassee, FL 32314	2661 Executive Cente	r Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1330 16+0 St	1330 16th st.
Jarasota FL 34236	scirc sota the 34236
The Limited Liability Company cannot serve as its own Registere	ered Agent's Signature: d Agent. You must designate an individual or
The Limited Liability Company cannot serve as its own Registere inother business entity with an active Florida registration.)	d Agent. You must designate an individual or
The Limited Liability Company cannot serve as its own Registere inother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are	d Agent. You must designate an individual or
The Limited Liability Company cannot serve as its own Registere nother business entity with an active Florida registration.)	d Agent. You must designate an individual or
The Limited Liability Company cannot serve as its own Registere mother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are Varan R 1	id Agent. You must designate an individual or

Handle your business Eut. LLC. (Must contain the words "Dimited Liability Company, "L.L.C.," or "LLC.")

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.

Sarasota FL
City State

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Keenan n Miller 1330 ligton St Danasota M 39236
(Use attachment if necessary) RTICLE V: Effective date, if other than the date of filling:	(OPTIONAL)
f an effective date is listed, the date must be specific and e date of filing.)	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed a
REQUIRED SIGNATURE:	Tran 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.

Leevan R M:11-cr
Typed or printed name of signee

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)