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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

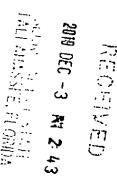
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COVER LETTER

	ling Section n of Corporations		
SUBJECT:	AL THINKS DES	Sign Luc aited Liability Company	
The enclosed Ar	ticles of Organization and fee(s) are	submitted for filing.	
Please return all	correspondence concerning this ma	tter to the following:	
	JOHN JOHN	Name of Person	
	ALL 1	HINGS DIESIGN	ilc
	1042 (MMNERCIAL F	PRIVE
		ASSEC FURI	
	E-mail address: (to be used	S169 JO Q A MI for future annual report notificat	ion)
For further inform	ation concerning this matter, please	call:	
	<u>J. D : A∱A15 & J. R</u> at (850) <u>37.1 - 37.</u> rea Code Daytime Telephor	60 ne Number
Enclosed is a ch	eck for the following amount:		
□\$125,00 Filin	g Fee \$\sum_{\text{S130.00}}\subseteq \text{Fling 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	Street Address New Filing Section D	ivision

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	۱-	Name:
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The name of the Limited Liability Company is:

(Must conatin 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:

Time par Other Address.	Mannie Additos.
1012 COMMERCIAL DRIVE	10th Commercial DRIVE
TALL ALLASSEE, FLORIDA	FRUAHAKSEE / FLOTO, DE
373(1)	37210

Mailing Address:

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:

Principal Office Address:

J.D. Amos L

Name

1042 COMMERCIA: ORICE

Florida street address (P.O. Box NOT acceptable)

TALIAITASSEE ELONICA 3731

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)

019DEC - 3 PM 3: I

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager ABULL	10. AMISS I- 1242. COMMISSEE FLORIAN 37310
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.)	ate of filing:
ARTICLE VI: Other provisions, if any.	antor state s records.
REQUIRED SIGNATURE:	
Signature of a This document is exe I am aware that any fi	member or an authorized representative of a member. ceuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
	Typed or printed name of signee

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

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)