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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT	suzuki Gra	oup, LLC	
o o o o o o o o o o o o o o o o o o o		Liability Company	
The enclos	sed Articles of Organization and fee(s) are sub	omitted for filing.	
Please retu	rn all correspondence concerning this matter	to the following:	
	Brandon S	uzuki	
	N	ame of Person	
	Firm/Company		
	16184 Edgem	ont Drive	
		Address	
	Fort Myers,	FL 33908 tate and Zip Code up @gmail.com	
	City/S	tate and Zip Code	
-	F-mail address to be used for	up @gmail.Com uture annual report notification)	
For further i	nformation concerning this matter, please call	under almour report notification;	
	Brandon Suzuki at (84		
	Name of Person Area C	Code Daytime Telephone Number	
	s a check for the following amount:		
\$\$\$1 \$.00	Certificate of Status /	X\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address	Street Address	
	New Filing Section	New Filing Section Division The Centre of Tallahassee	
	Division of Corporations P.O. Box 6327	2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32314	Tallahassee, FL 32303	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Suzuki Group	s LLC	
(Must cona	atin the words "Limited Liability		
ARTICLE II - Address: The mailing address and street a	ddress of the principal office of t	he Limited Liability Company is:	
<u>Princip</u>	al Office Address:	Mailing Address:	
16194 E Et. Myers	dgement Drive	16184 Edgema Fort Myers, FL	<u>nt Dri</u> ve 33908
		tered Agent's Signature: red Agent. You must designate an individu	ualor 20 JAN 27
The name and the Florida street	address of the registered agent ar		JA N
	Brandon Su	ızuki	27
	Name		⊋
	16184 Edgem		97 :ZI
	Florida street address (P.O. B	ox NOT acceptable)	<u></u>

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..

State

Zip

City

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	<u>.</u>
AMBR	Brandon Suzuki
	16184 Edgemont DC
	Fort Myers, EL 33908
AMBR	and some by
Amon	Sellisukki
	16 14 EDGOMANT OF
	10+10413,+C 33.708
	
(If an effective date is listed, the date must the date of filing.)	the date of filing: 1/15/2020 (OPTIONAL) It be specific and cannot be more than five business days prior to or 90 days after cs not meet the applicable statutory filing requirements, this date will not be listed as rument of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	- Bunda Simbi
Signature	of a member or an authorized representative of a member.
	executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that a	ny 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.
	Brandon Suzuki Typed or printed name of signee
	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)