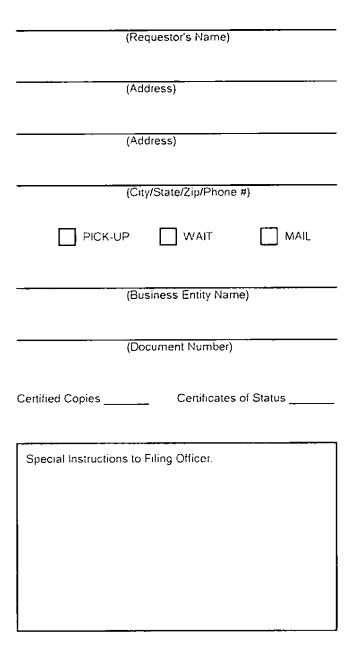
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# COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: The OOKIL GOOTD LLC  Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kaakyire Hart Name of Person
Name of Person
2003 Pin DAIC JANE
Address
Tallahassel , F1, 32305
ZHANNATTH NAMW). (IM
E-mail address: (to be used for facure annual report notification)
For further information concerning this matter, please call:
KAAKYI'L HALT (315) 214-7544  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee  □\$130.00 Filing Fee  & □\$155.00 Filing Fee  & □\$160.00 Filing Fee  Certificate of Status

Mailing Address
New Filing Section Division of Corporations P.O. Box 6327

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Mouroe Street, Suite 810.

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ä	R	TI	C	L	E	[ -	Name:	
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The name of the Limited Liability Company is:

(Must conatin the words "Limited Liability Company, "L.L.C.," or "LI.C.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2003 Pin Unit Igne (200) 2003 Pin Unit Igne
Tallahande, #132315 Tallahande, #132315

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:

FOOKYING HART

Name

2003 PIN IAK IANG

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

TAILMASSULT 32305

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. Thereby 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)

The name and address of each person at  Title: "AMBR" = Authorized Member	athorized to manage and control the Limited Liability Company:  Name and Address:
"MGR" = Manager [MGR] (MGR)	KAAKYILE HALT ZUUS PIN DAKTANE TAHAHASS
AMBR	2000thy Tryngs 32 2437 Rhaffle 14132305
(Use attachment if necessary)	02-10-2020
If an effective date is listed, the date must be sp he date of filing.)	e of filing: $02-19-2020$ . (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as of State's records.

\_\_\_\_\_

REQUIRED SIGNATURE:

ARTICLE VI: Other provisions, if any,

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. 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.

FOOKJITU TOWK I

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)
- S 5.00 Certificate of Status (Optional)

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