(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
(3 W)		

Office Use Only

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## COVER LETTER

TO:

New Filing Section

Division of Cor	porations		
SUBJECT: Pre	HH In P	ited Liability Company	·
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	O 1
Tame	Lia Grahan	Name of Person	salvam_
<del></del>		Firm/Company	
23	2 Tennel 8	Address	
$\overline{\mathcal{M}}$	duay to	rty/State and Zip Code	
<u> </u>	gamekia3	for future admual report notification	ion)
For further information co	ncerning this matter, please	call:	
Jamethy Name	at (at (at (at (at (at (at (	Pea Code Daytime Telephon	242 e Number
Enclosed is a check for t			
□\$125.00 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: 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:
Principal Office Address:  Alailing Address:  Alail
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:  Name  Name  Florida street address (P.O. Box NOT acceptable)  City State Zip
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)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
Manager	Kimekia Clarin
	- 22 1 1 1 1 1 1 1 2 2 2 1 2 1 2 1 2 1 2
× - : - /	
Morrison	Z32 1 ennel Brad
	Midway FL, 32343
	S
(Use attachment if necessary)	
·	e date of filing: FOXUAYLY 21,2020 (OPTIONAL)
(If an effective date is listed, the date must the date of filing.)	be specific and cannot be more than five business days prior to or 90 days a s not meet the applicable statutory filing requirements, this date will not be list
the document's effective date on the Depart	
ARTICLE VI: Other provisions, if any	
ARTICLE VI: Other provisions, if any.	
ARTICLE VI: Other provisions, if any.	
	Δ
REQUIRED SIGNATURE	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	f a member or an authorized representative of a member.
REQUIRED SIGNATURE:  Signature o  This document is I am aware that an	f a member or an authorized representative of a member, executed in accordance with section 605,0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State
REQUIRED SIGNATURE:  Signature o  This document is I am aware that an	f a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes.
REQUIRED SIGNATURE:  Signature o  This document is I am aware that an	f a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
REQUIRED SIGNATURE:  Signature o  This document is I am aware that an	f a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.  Typed or printed name of signee
REQUIRED SIGNATURE:  Signature o  This document is I am aware that an constitutes a third	f a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.  Typed or printed name of signee
Signature of This document is I am aware that an constitutes a third	f a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b). Florida Statutes, y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees: of Organization and Designation of Registered Agent

ARTICLE IV-