L20000134845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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05/26/20--01001--007 **125.00

RECEIVED
2020 MAY 22 PM 4:16
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2020 MAY 22 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 26 2020
K. Brumsley

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

_____
(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. **FOREVER OBA LLC**

Corporation Name) Document #

__X__ Walk in

___ Mail out

___ Photocopy

___ Pick up time_____

____ Will wait

___Certified Copy

_____ **Certificate of Good Standing**

NEW FILINGS

____ Profit
____ Not for Profit
__X__Limited Liability
_____Domestication
____ Other

AMMENDMENTS

____ Amendment
____Resignation of R.A. Officer/Director
____Change of Registered Agent
____Dissolution/Withdrawal
____Merger

OTHER FILINGS

____Annual Report

____Fictitious Name

____ APOSTIL _____
COUNTRY

REGISTERATION/QUALIFICATIONS

___Foreign
____Limited Partnership
____Reinstatement
____Trademark
____Other

EXAMINER'S INITIALS:_____

COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: FOREVER OBA 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:

MARI OBA
Name of Person

Firm/Company

3701 JACKSON ST UNIT 204
Address

HOLLYWOOD, FL 33021
City/State and Zip Code

INCFILINGS@GMX.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

MARI OBA at (702) 5140014
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ $125.00 Filing Fee
- ☐ $130.00 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.
[illegible] limited liability company is

FOREVER OBIA LLC

[illegible] limited liability company [illegible]

ARTICLE II - Address
[illegible] principal [illegible] the Limited Liability Company is

Principal Office Address	**Mailing Address:**
4701 JACKSON ST UNIT 204	4701 JACKSON ST UNIT 204
HOLLYWOOD FL 33021	HOLLYWOOD FL 33021

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 [illegible]

[illegible] Registered Agent as

MARC OBIA

Name

4701 JACKSON ST UNIT 204

[illegible] address P.O. Box NOT acceptable

HOLLYWOOD FL 33021

City State Zip

[illegible] the above stated limited liability company at the place designated in this certificate, I hereby accept the designation of 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)

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ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	MARI OBA 3701 JACKSON ST UNIT 204 HOLLYWOOD, FL 33021
MGR	TAMRAT MASON 3701 JACKSON ST UNIT 204 HOLLYWOOD, FL 33021

(Use attachment if necessary.)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

_____

REQUIRED SIGNATURE:

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.

Kevin Barua
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)