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COVER LETTER*

TO:

New Filing Section

Division of Co	rporations		
SUBJECT: BU	Name of Lim	. 11eaning sea	QVICES LLE
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspondent	ondence concerning this mat	ter to the following:	
	BRISZ PRE	EENTAND	
		Name of Person	
Ber	sa y Hacua	Q/RZM/NG SEA Firm/Company	vices
1382	1 gw 109 sT		
		Address	
Hia	4: 72 33180 Ci	6	
	Ci	ty/State and Zip Code	
Brime	11.4600 m	ail.com	
	E-mail address: (to be used t	for future annual report notificati	ion)
For further information co	ncerning this matter, please	call:	
	•	286 J2325 ca Code Daytime Telephon	
		•	
Enclosed is a check for t	he 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)
Mailir	ng Address	Street Address	

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

Religi	يز جي	18618	e/ea	NING	362U/	de5	U
		ne words "Lim					

Principal Office Address:	Mailing Address:		
13821 SW 109 ST HIBH, FL	P.O BOX 960036 HIBYI		

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:

Baisa	PRESENTE	
	Name	
13821 50	W 109 57	
Florida street addre	ss (P.O. Box NO T	acceptable)
Hiski	FL	33186
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.

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager _HG L _HG L	Baisa PaeseNTago 13821 5W 105 ST XIINITZ 33186 Haeva Floges. 13821 5W 109 ST HIENI 33186
(If an effective date is listed, the date must be the date of filing.)	ate of filing:
REQUIRED SIGNATURE:	member or an authorized representative of a member.
This document is exe I am aware that any fa constitutes a third deg	cuted 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

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)