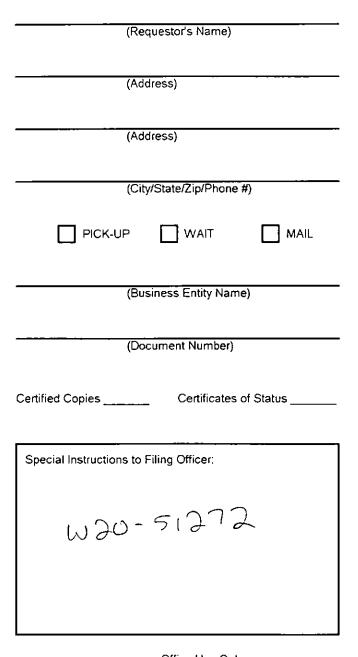
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Office Use Only

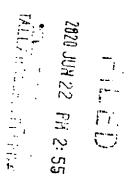


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05/06/20--01010--031 **25.00

06/19/20--01005--019 **31.92

01/15/20--61200--008 **68.08



. 13 . 2020

COVER LETTER
TO: New Filing Section Division of Corporations
SUBJECT: War & Store LLC Name of Limited Liability Company
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:
Mario Peña
Name of Person
Firm/Company
9215 W 33rd Lane
Address
Llialeah, FL 33018
City/State and Zip Code info @ warand stone. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mario Pena al 305 , 510-3172
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee SCertificate of Status S155.00 Filing Fee SCERTIFICATE Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status SCERTIFICATE Copy (additional copy is enclosed)
Mailing Address Street Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	RT	ICI	E.	۱ -	Name:
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The name of the Limited Liability Company is:

st contain 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:

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

9215 W 33^{td} Lave

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

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:

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager MGR" = Manager	Pamela Caballero 9215 W 330 Lane Higkan FL 33018		
MGR	Mario Dring 9215 W 33 hd Lare 17:alrech EL 33018		
-			
			
(Use attachment if necessary)			
If an effective date is listed, the date must be spec he date of filing.)	filing:		
RTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:	Wellen -		
This document is executed I am aware that any false i	hber or an authorized representative of a member. d in accordance with section 605.0203 (1) (b). Florida Statutes.		
constitutes a third degree t	nto mation submitted in a document to the Department of State (Gony as provided for in s.817.155, F.S.		

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)