# L20000173872

	Requestor's Name)	
(	Address)	
(	Address)	_
(	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(	Business Entity Name)	
<del></del>	Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	,
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INC.	jt	236 East 6th	Ave	enue. Tallahassee, Florida 32303
·	P.O. Box 3706	6 (32315-7066)		(850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

# WALK IN

	1	PICK UP:	06/26/2020		
	CERTIFIED COPY	ί <u></u>			
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X	FILING	LLC	<u>_</u>		
1	1502 LUCKYGEM	LLC			
((	ORPORATE NAME AND D	OCUMENT #)			
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## **COVER LETTER**

	New Filing Sec Division of Co				
SUBJEC		kygem LLC			
SOBJI.C			e of Limited Li	ability Company	
The enclo	sed Articles of	Organization and f	ee(s) are submi	tted for filing.	
Please ret	urn all correspo	ondence concerning	this matter to	he following:	
	Hulsey Ebar	ıks			
			Nam	e of Person	
	EXT Proper	ty Management LL	C		
			Firm	/Company	
	13194 US H	ighway 301 S Suit	e 228		
			۲	ddress	
	Riverview, I	FL 33578			
	info@exitbuy	er.com	City/Stat	e and Zip Code	
			be used for futi	ire annual report notifica	tion)
For further	information co	ncerning this matte	r, please call:		
	Hulsey Eban	ks	813 at (	756-8707	
	Nam	ie of Person	Area Cod	e Daytime Telephor	ne Number
Enclosed i	is a check for t	he following amour	ıt:		
□\$125.00	0 Filing Fee	□S130.00 Filing Certificate of Sta	itus Ce	\$155.00 Filing Fee & rtified Copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	ng Address illing Section on of Corporations ox 6327 assec, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee eet, Suite 810

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED 2020 JUN 26 AM 11: 25 SECRETARY OF STATE TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

11502 Luckvgem LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

<u>P</u>	rincipal Office Address:		Mailing Address:		
13194 US Hig	hwav 301 S	13194 US Highway 301 S			
Ste 228	Ste 228		Ste 228		
Riverview, FL	33578	Rive	rview, FL 33578		
inother business entity wi	ith an active Florida registration	n.)			
another business entity wi	ith an active Florida registration street address of the registered  Hulsev L Ebanks Jr	agent are:			
another business entity wi	ith an active Florida registration street address of the registered	n.) agent are: Name 01 S Stc 228			
•	ith an active Florida registration street address of the registered  Hulsev L Ebanks Jr  13194 US Highway 30	n.) agent are: Name 01 S Stc 228			

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)

## 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		
AMBR	Harley Charles C.	
AMBR	Hulsey Ebanks Jr 13194 US Highway 301 S ste 228	
	Riverview, FL 33578	
AMBR	Callinia Charles	
AMBK	Cellisia Ebanks 13194 US Highway 301 S ste 228	.≥
	Riverview, FL 33578	920
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(Use attachment if necessary)		
ARTICLE V: Effective date, if other than t	the date of filing: 06/21/2020 (OPTIONAL)	
(If an effective date is listed, the date must the date of filing.)	st be specific and cannot be more than five business days prior to or 90 d	ays after
	es not meet the applicable statutory filing requirements, this date will not b	o lictod ac
the document's effective date on the Depa	irtment of State's records.	e nsied as
ARTICLE VI: Other provisions, if any.		
		_
		—
<b>REQUIRED SIGNATURE:</b>	OocuSigned by:	
	Hulsey Elanfs	
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 a	ny false information submitted in a document to the Department of State	
constitutes a timu	degree felony as provided for in s.817.155. F.S.	
Hulsey Eb		
	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)