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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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(Bu	siness Entity Name)			
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Certified Copies Certificates of Status				
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Special Instructions to	Filing Officer:			
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## COVER LETTER -

SUBJECT	Admin Now LLC					
300000	Division of Corporations  Admin Now 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:  Amanda Nguyen  Name of Person  Admin Now LLC  Firm/Company  17703 Hunting Bow Circle Ste #101  Address  Lutz, FL 33558  City/State and Zip Code  Amanda@penguinca.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Amanda Nguyen  Amanda Nguyen  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Street Address  New Filing Fee  Certificate of Status  New Filing Section Division of Corporations  New Filing Section Division The Centre of Tallahassee					
The enclos	sed Articles of Organization and fee(s) are	submitted for filing.				
Please retu	arn all correspondence concerning this mat	tter to the following:				
	Amanda Nguyen					
		Name of Person				
	Admin Now LLC					
	Firm/Company					
	17703 Hunting Bow Circle Ste #101					
		Address				
	Lutz, FL 33558					
		ity/State and Zip Code				
		for future annual report notification)	<del></del>			
For further	information concerning this matter, please	e call:				
		408 898-2331	_			
	Name of Person Ar	rea Code Daytime Telephone Number	₽₹ 2020 / 1			
Enclosed i	is a check for the following amount:		EC:			
□\$125.0¢		Certified Copy Certificat (additional copy is enclosed) Certified	Copy (is enclosed)			
		New Filing Section Division				
		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32314

Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability (	Company is:			
Admin Now LLC				
(Must contain	the words "Limited I	Liability Com	npany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	ess of the principal o	ffice of the Li	imited Liability Company is:	
<u>Principal</u>	cipal Office Address: Mailing Address:		Mailing Address:	
17703 Hunting Bow Ct	. Lutz, FL 33558	<del>_</del>	17703 Hunting Bow Cr. Lutz, FL 33558	
another business entity with an act The name and the Florida street ad-	_		<u> </u>	
	17703 Hunting Bow	Cr. Suite #10	31	
	Florida street addres			
	Lutz	FL	33558	
	City	State	Zip	
place designated in this certificate, I further agree to comply with the prov	hereby accept the app isions of all statutes r ations of my position	ointment as re elating to the as registered	for the above stated limited liability company at egistered agent and agree to act in this capacity. proper and complete performance of my duties, a agent as provided for in Chapter 605, F.S  Signature (REQUIRED)	. 1
		(CONTIN	(UED)	

# ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Amanda Nguyen MGR 17703 Hunting Bow Cr. Suite #101 Lutz, FL 33558 Bo Peng AMBR 17703 Hunting Bow Cr. Suite #101 Lutz, FL 33558 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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.

### **REQUIRED SIGNATURE:**

ARTICLE VI: Other provisions, if any.

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, Fas.

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)