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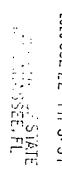
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

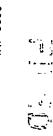
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TO: New Filing Pivision of	Section Corporations	ardenas	, Used	Huto	LL(
SUBJECT:	Name of Li	M Syles mited Liability Compan	-LLC		
	Name of ra	unicu mammiy compan	ıy		
The enclosed Article	es of Organization and fee(s) a	re submitted for filing.			
Please return all corn	respondence concerning this m	atter to the following:			
En	ily Allen				
_		Name of Person		1	
		Firm/Company			
71 1	easer Dr.				
	PRICE DI	Address		<u> </u>	
Zalo	n Coast	Fl 321	37		
	olias Ossili	City/State and Zip Code	11 (0)		
CUL	E-mail address: (to be use	O hotmal for future annual report		7 —	
For further informatio	on concerning this matter, pleas	se call:			
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Emil	91717en ar (<u> 104</u>	5-2387		
;	Name of Person A	Area Code Daytimo	: Telephone Number		
Enclosed is a check	for the following amount:				
□\$125.00 Filing Fe				0.00 Filing Fee.	
	Certificate of Status	Certified Copy (additional copy is e		icate of Status & ed Copy	
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	ailing Address ew Filing Section		Section Division		42
	vision of Corporations O, Box 6327		of Tallahassee onroe Street, Suite 81	22 10 AS	±7. •
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is: (Must 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:
Principal Office Address: HOOLE Moody Blvd. John Jan Coast Fl 32137 Some IF 3210
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 Name
7901 4th St. O. Ste. 300 Florida street address (P.O. Box NOT acceptable)
St. Petersburg, Fl 33702 City Sup 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)

Registered Agent's Signature (REQUIRED)

2020 JUL 22 PM 3: 51

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. Typed or printed name of signee	"Mark" Manager (1) (1) (1) (1) (1) (2) (1) (2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	
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