# L20000281287

(Req	uestor's Name)
(Add	ress)
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(Add	ress)
(City)	/State/Zip/Phone #/
	WAIT MAIL
(Bus	iness Entity Name)
(Doc	ument Number)
Certified Copies	Certificates of Status
Special Instructions to F	iling Officer:
	<del></del>

Office Use Only



09/16/20--01018--001 \*\*320.00





# COVER LETTER

TO: New Filing Sec Division of Cor		٠.	
SUBJECT: We	Pour Junk C Name of Limi	ited Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ndence concerning this mat	ter to the following:	
	ben Come	Name of Person	
		Firm/Company	
	O Aenon Chu	Address	18155-6
Talla	hussee Fl	32304/ ty/State and Zip Code + presidence	
71	6	Law Lacon	
	E-mail address: (to be used)	for future annual report notificati	ion)
For further information co.	ncerning this matter, please	call:	
Risco Nam		ea Code Daytime Telephon	
Enclosed is a check for the	he following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

## Mailing Address

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

## Street Address

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

(Must contain the words "Limited Liability C	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the	e Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1400 Aenon Church rd Talluhusse Fl 32304	702 Ide love Tullahussec + 1 32304	
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)	ered Agent's Signature: d Agent. You must designate an individual or	20 557
The name and the Florida street address of the registered agent are		<del>20</del> .
Name		<b>3</b>
207 Ida lane Florida street address (P.O. Bo	ox <u>NOT</u> acceptable)	5: 57
Tallahmasir F	32304	

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.

City

State

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

#### ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
in GR	Tallahussee Fl 32304
	Tallatiassee +1 36304
<del></del>	
(Use attachment if necessary)	
	00/1/2000
ARTICLE V: Effective date, if other than the d	ate of filing: $09/16/2020$ (OPTIONAL)
	specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	et most the an-liaghte statutory filing vaguiraments, this data will not be listed as
the document's effective date on the Departme	of meet the applicable statutory filing requirements, this date will not be listed as
the rocument's effective date on the Departing	mi of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	_
KEOOKED SIGNATORE:	
Cisa	1 lanet
Signature of a	member or an authorized representative of a member.
This document is ex-	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any f	alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
_ `	
· K.	Typed or printed name of signee
	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)