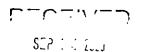
L20000302901

/Pagua	stor's Name)	
(Reque:	stor's ivanie)	
(Addres	s)	
(Addres	s)	
(C:)- (C)		10
(City/St	ate/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busine	ss Entity Nam	e)
(Dogum)	ent Number)	
(Docum	ient Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filin	g Officer:	

Office Use Only



400351881984



09/15/20--01003--014 **160.00

7070 SEP 15 FH 4:10

COVER LETTER

TO: New Filing Se Division of Co			
SUBJECT:	Pretty	ICY	20
	Name of Lin	nited Liability Company	20.
			SEP 1
The enclosed Articles of	of Organization and fee(s) are	e submitted for filing.	57. 5
Please return all corres	ondence concerning this ma	atter to the following:	2020 SEP 15 PH 4: 10
•		~	
	Adamari	Winter 0	··
		Name of Person	
		Firm/Company	
	100 111 1	00 01.001	
	109 W L	ee street	
		Address	
	okint (itu ti	225/03
		ity/State and Zip Code	22207
	ovethic	Linma 6 Mix	<u> </u>
	E-mail address: (to be used	for future annual report notificat	
For further information of	oncerning this matter, please	e call:	
To rather mornation	oncerning and matter, prease	. can.	
	at (1	
Na	me of Person A	rea Code Daytime Telephon	ne Number
Enclosed is a check for	the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee &	□\$155.00 Filing Fee &	≸\$160.00 Filing Fee,
Certificate of Status		Certified Copy	*Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			ζ
Mail	ing Address	Street Address	
New	Filing Section	New Filing Section D	
	sion of Corporations Box 6327	The Centre of Tallah 2415 N. Monroe Stre	
1.0.	ロロム リブニナ	ZTID IN DECIMOR SHO	et, butte oro

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Office was a series	retty Icy U	Company, "L.L.C.," or "LLC.")
(Musi contair	the words Limited Elability	Company, L.L.C., or LLC.
TICLE II - Address: mailing address and street add	ress of the principal office of t	he Limited Liability Company is:
<u>Principal</u>	Office Address:	Mailing Address:
109 W Le	e Street 4 FL 33563	109 W Lee Street
LICI F. III - Registered Agent		33563
	t, Registered Office, & Registantos serve as its own Register	33563
e Limited Liability Company ca ther business entity with an act	t, Registered Office, & Registant transfer in the Register in the Register ive Florida registration.)	tered Agent's Signature: ed Agent. You must designate an individual or
	t, Registered Office, & Registant transfer in Register ive Florida registration.) dress of the registered agent and	tered Agent's Signature: ed Agent. You must designate an individual or e:
e Limited Liability Company ca ther business entity with an act	t, Registered Office, & Registant transfer in the Register in the Register ive Florida registration.)	tered Agent's Signature: ed Agent. You must designate an individual or e:
e Limited Liability Company ca ther business entity with an act	t, Registered Office, & Registant to the Register of the registered agent at Adamas.	tered Agent's Signature: ed Agent. You must designate an individual or e:
e Limited Liability Company ca ther business entity with an act	t, Registered Office, & Registanton serve as its own Registerive Florida registration.) dress of the registered agent and Adamas Name	tered Agent's Signature: ed Agent. You must designate an individual or e: Untero
ne Limited Liability Company ca other business entity with an act	t, Registered Office, & Registant serve as its own Registerive Florida registration.) dress of the registered agent and Adamas Name	tered Agent's Signature: ed Agent. You must designate an individual or e: Untero

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020 CED LA BA 1. L.D

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Adamari Quintero 109 W Lee Street Plant aty FL 33563
(Use attachment if necessary)	
	c of filing: January 2021 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after
	meet the applicable statutory filing requirements, this date will not be listed as t of State's records.

REQUIRED SIGNATURE:

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.

> Adamari Quintero 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)