L21000011431

(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	

Office Use Only

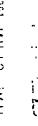


000357463790

01/14/21--01001--003 **130.00



FORELL'S STATE



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

 		 		
CARLI JAMESON 1	617 LLC			
			-	
			<u> </u>	
			!	Art of Inc. File
. .			1	LTD Partnership File
			1	Foreign Corp. File
			ŀ	L.C. File
				Fictitious Name File
				Trnde/Service Mark
			}	Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
			İ	Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
]	Corp Record Search
				Officer Search
				Fictitious Search
C'				Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by:				UCC 1 or 3 File
				UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In		·		Courier

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Carli Jameson 1617 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:
Jin Valentino
Name of Person
Firm/Company
3032 E. Commercial DVd # 124
Fort Lauderdale F1. 33308 City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Till Valenty Dut (954) 829-5503 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee & Certificate of Status S155.00 Filing Fee & Certificate of Status & Certificate Copy (additional copy is enclosed) S160.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate 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 of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

in a city

ARTICLE I - Name:

The name of the Limited Liability Company is:

2021 JAN 13 AM 11: 54

Carly Jameson 1017 LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETA TALLA- WE FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

3032 E Commercial Blvd #124

SANGE

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

3032 E. Commercial Blvd #124

Florida street address (P.O. Box NOT acceptable)

ity State '

Zin

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)

ARTICLE IV. The name and address of each person authorized to manage and control the Limited Liability Company: Title: "AMBR" = Authorized Member "MGR" = Manager Jack Handle Blood Bl

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

REQUIRED SIGNATURE:

\$ 5.00 Certificate of Status (Optional)