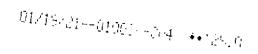
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COVER LETTER

Division of Corpor	rations		
subject: <u>В/с s 5</u>	Set 63 Creary Name of Limit	tions UC ed Liability Company	<u></u>
The enclosed Articles of Org	ganization and fee(s) are s	submitted for filing.	
Please return all corresponde	ence concerning this matte	er to the following:	
Gleno	la 111. Ro	Name of Person	
		Firm/Company	
265	MT Zic	Address	Road
b/esse	Cit Ad reation nail address: (to be used f	y/State and Zip Code 5 6 3 @ Yahoo or future annual report notification	3 on)
For further information conce	erning this matter, please	eall:	
9/21/0 Name o	of Person Are	950 354-19 ca Code Daytime Telephone	Number
Enclosed is a check for the	following amount:		
□\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing	Address	Street Address	

TO:

New Filing Section

Mailing Address
New Filing Section Division of Corporations P.O. Bux 6327 Tallahassee, FL 32314

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

The name of the Limited Liability Company is: Blessed 63 Creations LLC	
(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: Mailing Address:	
265 MT. Zion Church Rd SAME	
<u> </u>	
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 individua another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	l or
Nathanic/Robinson Je Name 265 MT. Zion Church Roal	2021 JAN 19
m/J. steam address (D.O. Roy NOT acceptable)	
HAUMNA FI 32333	
City State Zip	· 9: .
Having been named as registered agent and to accept service of process for the above stated limited liability collaborated in this certificate. I hereby accept the appointment as registered agent and agree to act in this further agree to comply with the provisions of all statutes relating to the proper and complete performance of maniform with and accept the obligations of my position as registered agent as provided for in Chapter 605, in	iv dancs, and i

(CONTINUED)

Mathaniel Chences (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Gleyda III. Robinson 265 Mizonchurch Road HAUAHA FI 32133
_A111BR	Ngthaniel Robinson III 265 ATT. Zion Church Kond HAVANA El 32333
(Use attachment if necessary)	the date of filing:
effective date is fisted, the date ind	oes not meet the applicable statutory filing requirements, this date will not be list
ocument's effective date on the Dep	
ocument's effective date on the Dep	
ocument's effective date on the Dep	
ocument's effective date on the Dep	and Robinson

Filing Fees:

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

Mathanic/ Robinson Tr.
Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)