# L21000015055

(Requestor's Name)
(Address)
- (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:

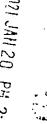
Office Use Only

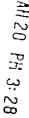


700358547707

01/21/21--01001--003 \*\*125.00

ZOZI JA





## COVER LETTER

TO: New Filing Secti Division of Corp			
SUBJECT: Lyn	n Haven I Name of Limite	nveetments Led Liability Company	LC
The enclosed Articles of C	Organization and fee(s) are s	ebmitted for filing.	
Please return all correspon	ndence concerning this matte	er to the following:	
$\underline{Zu}$	Bui Wan8	Name of Person	
Lynn	Haven In	vestments Ll Firm/Company	
1241	Apolochee	DKWY Address	
Tallo	ahassee FL	y/State and Zip Code  Jamail Com  or future annual report notification	<del></del>
<u> </u>	ginvestment 6	gmail. Gom	no.
	neerning this matter, please		,
Zugu	e of Person Are	ea Code Daytime Telephone	e Number
Enclosed is a check for t	he following amount:		
近\$125.00 Filing Fee	□\$130.00 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)
Mailir	o Address	Street Address	

New Filing Section
Division of Corporations P.O. Box 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.

ARTICLE I -	Name:
-------------	-------

The name of the Limited Liability Company is:

Lynn Haven Investments 22c
(Must contain the words "Limited Liability Company, "L.I.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:

1241 Apla Apalachec PKNY P.O BOX 14791	_	
Tallahassee 72 3230) (allahassee, 523)	7	
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.)	2021	
The name and the Florida street address of the registered agent are:		
Zugni Wang	JAH 20	
1241 Apakachee PKWY  Florido error aldress (P.O. Box NOT acceptable)	PH 3	

Mailing Address:

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)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager $\triangle mBR$	Tinging Yinping Wang
Ambr	Tallahasree, FL 32301 Zugni Nang
( MIDI	1241 Apalathee PKWY
	Tallahassee, FL 32301
(Use attachment if necessary)	
(If an effective date is listed, the date must the date of filing.) Note: If the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Depart	ment of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Put 5
This document is Lam aware that ar	of a member or an althorized representative of a member. executed in accordance with section 605.0203 (1) (b). Florida Statutes, my false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
	Typed of printed name of signee

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

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

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)