(Address)	600358547486
(City/State/Zip/Phone #)	01/25/2101001002 **130.00
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COVER LETTER

TO:	New Filing Section
	Division of Corporations

LLC ices: SUBJECT: 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:

Name of Person Firm/Company lure rive Address 37.312 City/State and Zip Code E-mail address: (10 be used for future annual report notification)

For further information concerning this matter, please call:

____au (<u>914</u> Jorrey Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

Certificate of Status Certified Copy

□\$155.00 Filing Fee & □\$16 Certified Copy Certif (additional copy is enclosed) Certif

□\$160.00 Filing Fee, 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 \$10 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

ARTICLE I - Name:

The name of the Limited Liability Company is:

(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:

Mailing Address: Principal Office Address: Clure

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:

22 NVF 1207 Torney G. Ford Name 7914 McClure Drive Florida street address (P.O. Box NOT acceptable) صا م Tallahassee Florida 32312 State Zip

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. Thereby 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 gistered agept as provided for in Chapter 605, F.S..

's Signature (REQUIRED) eistered Agei (CONTINUED)

ARTICLE IV-

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

Name and Address:

Title: "AMBR" = Authorized Member "MGR" = Manager

MGR

McClure Drive Figida 32312

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

. REQUIRED SIGNATURE: Signature of a member of 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. Oricy G. Ford 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 5.00 Certificate of Status (Optional)