1/22/2021



Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will generate another		
To:			
	Division of Corporations		<i>9</i> ,3
	Fax Number : (850)617-6381		<u> </u>
From:			
	Account Name : WILSON TAX & ACCOUN	ITING INC.	₹ -
	Account Number : I20150000107 Phone : (941\625-1925		•
	Phone : (941)625-1925 Fax Number : (941)625-1526		•
Emi	ail Address: Swillis941@	gmail.com	
	FLORIDA LIMITED LIAB		
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Willis & Main L			
(Must	contain the words "Limited L	iability Company, "	L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and str	eet address of the principal of	fice of the Limited I	liability Company is:
<u>Pri</u>	ncipal Office Address:		Mailing Address:
4809 Eldron Av	'c	4809	Eldron Ave
North Port, FL	34286	North	Port, FL 34286
ARTICLE III - Registered	d Agent, Registered Office, &	Registered Agent	's Signature:
The Limited Liability Com mother business entity with	n an active Florida registration treet address of the registered a	Registered Agent. Y n.)	ou must designate an individual or
The Limited Liability Com mother business entity with	pany cannot serve as its own F h an active Florida registration treet address of the registered a Sheldon Willis	Registered Agent. Y n.) agent are:	ou must designate an individual or
The Limited Liability Com mother business entity with	pany cannot serve as its own F h an active Florida registration treet address of the registered a Sheldon Willis	Registered Agent. Y n.)	ou must designate an individual or
The Limited Liability Com mother business entity with	pany cannot serve as its own F h an active Florida registration treet address of the registered a Sheldon Willis 4809 Eldron Ave	Registered Agent. Y agent are: Name	ou must designate an individual or
The Limited Liability Com mother business entity with	pany cannot serve as its own F h an active Florida registration treet address of the registered a Sheldon Willis	Registered Agent. Y agent are: Name	ou must designate an individual or
The Limited Liability Com mother business entity with	pany cannot serve as its own F h an active Florida registration treet address of the registered a Sheldon Willis 4809 Eldron Ave	Registered Agent. Y agent are: Name	ou must designate an individual or

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 "MGR" = Manager	Name and Address:
AMBR	Sheldon Willis
	4809 Eldron Ave
	North Port, FL 34286
MGR	Alexis DeLuna
	4809 Eldron Ave
	North Port, FL 34286
	
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	<u> </u>
(Use attachment if necessary)	7:1
(Use attachment if necessary) CLE V: Effective date, if other than the date	of filing: January 21, 2021 (OPTIONAL)
ICLE V: Effective date, if other than the date in effective date is listed, the date must be speate of filing.)	ecific and cannot be more than five business days prior to or 90 or eet the applicable statutory filing requirements, this date will not
ICLE V: Effective date, if other than the date in effective date is listed, the date must be speate of filing.) E: If the date inserted in this block does not make the date inserted on the Department of ICLE VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 or eet the applicable statutory filing requirements, this date will not
ICLE V: Effective date, if other than the date of effective date is listed, the date must be speate of filing.) If the date inserted in this block does not mocument's effective date on the Department of	neet the applicable statutory filing requirements, this date will not lost State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be spente of filing.) If the date inserted in this block does not mocument's effective date on the Department of CLE VI: Other provisions, if any. REOUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 of seet the applicable statutory filing requirements, this date will not but State's records.
ICLE V: Effective date, if other than the date in effective date is listed, the date must be speate of filing.) E: If the date inserted in this block does not make the date inserted in the Department of ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	neet the applicable statutory filing requirements, this date will not be of State's records. Manual
ICLE V: Effective date, if other than the date in effective date is listed, the date must be speate of filing.) E: If the date inserted in this block does not make the date inserted in the Department of ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a menution of the date of the da	ecific and cannot be more than five business days prior to or 90 of seet the applicable statutory filing requirements, this date will not but State's records.

Filing Fees:

Sheldon Willis Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)