L21000037850

(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



200358803252

2021 FEB -4 AM 10: 48



FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

2/4/2021

NAME: SUMMA FL LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

abbie Hoolge

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must con ARTICLE II - Address: The mailing address and store	niain the words "Limited Li	ability Company.	4.,},,C.," or "1.1.C.")		
ARTICLE II - Address:					
	address of the principal off	ire of the Limited i	Lishility Commony is:		
<u>Princi</u>	ipal Office Address:		Mailing Add	ress:	
10863 Cadence Isk	e Court	1086	3 Cadence Isle Court		_
San Diego, CA 921		San	Diego, CA 92130		_
THE DESIGNATION OF STREET	et address of the registered :	agent are:			2021 FEB -
THE PROPERTY OF STREET	et address of the registered: Doug Green		<u></u>		+
no mano ano cio conda site		ngent are:			+
no mano ano ci oci da sico	Doug Green 9365 W Sample Road	Name		·	+
THE PARTY WILL SHE THE SHE	Doug Green	Name	cceptable)	 - -	1
TO THE STORY OF THE STORY	Doug Green 9365 W Sample Road	Name . No. 200 (P.O. Box <u>NOT</u> a	Cceptable)	 	+

(CONTINUED)

<u>litle:</u>	Name and Address:
AMBR* = Authorized Member	r
MGR" = Manager	
AMBR	Wenbo Zhuang
	10863 Cadence Isle Court
	San Diego, CA 92130
AMBR	Wenlan Zhuang 10863 Cadence Isle Court
	San Diego, CA 92130
	and a second
	
V: Effective date, if other than	the date of filing: (OPTIONAL)
ctive date is listed, the date mu f filing.)	ust be specific and cannot be more than five business days prior to or 90 oes not meet the applicable statutory filing requirements, this date will not
V: Effective date, if other than crive date is listed, the date mu filling.) he date inserted in this block detent's effective date on the Dep	ust be specific and cannot be more than five business days prior to or 90 oes not meet the applicable statutory filing requirements, this date will not partment of State's records.
V: Effective date, if other than rive date is listed, the date mut filling.) he date inserted in this block depends of effective date on the Depo. VI: Other provisions, if any.	ust be specific and cannot be more than five business days prior to or 90 oes not meet the applicable statutory filing requirements, this date will not partment of State's records.
V: Effective date, if other than stive date is listed, the date mutifiling.) he date inserted in this block dent's effective date on the Dep. VI: Other provisions, if any.	oes not meet the applicable statutory filing requirements, this date will not partment of State's records. 2/1/2021
V: Effective date, if other than tive date is listed, the date must filling.) he date inserted in this block deent's effective date on the Dep. VI: Other provisions, if any. EQUIRED SIGNATURE:	ast be specific and cannot be more than five business days prior to or 90 oes not meet the applicable statutory filing requirements, this date will not partment of State's records. 2/1/2021 a of a member or an authorized representative of a member.
V: Effective date, if other than ctive date is listed, the date mutifiling.) he date inserted in this block dirent's effective date on the Dep. VI: Other provisions, if any. EFOURED SIGNATURE: Signature This document I am aware that	oes not meet the applicable statutory filing requirements, this date will not partment of State's records. 2/1/2021
CV: Effective date, if other than crive date is listed, the date must filling.) he date inserted in this block depent's effective date on the Depocytic Other provisions, if any. REOURED SIGNATURE: Signature This document I am aware that constitutes a thir	ast be specific and cannot be more than five business days prior to or 90 oes not meet the applicable statutory filing requirements, this date will not partment of State's records. 2/1/2021 To f a member or an authorized representative of a member, is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-