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(Requestor's Name)			
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(City/State/Zip/Phone #)			
☐ PICK-UP ☐ WAIT ☐ MAIL			
-			
(Business Entity Name)			
(Document Number)			
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Special Instructions to Filing Officer:			





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COVER LETTER

COVER LETTER		
TO: New Filing Section Division of Corporations		
SUBJECT: Matter of Culture 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:		
Lois Schlam Name of Person		_
Name of Person		
MaHer of Culture Firm/Company		-
852 NW 98th Avenue		-9
Address	٠	7921
Plantation, FL 33324 City/State and Zip Code Loisa matter of culture.com:	; =	<u> </u>
City/State and Zip Code	÷ .	72
E-mail address: (to be used for future annual report notification)	- 62	₽ . -
For further information concerning this matter, please call:		PH 4: 02
Lois Schlam at (305) 383-7311 Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
□S125.00 Filing Fee Substitute	f Status & py	&

Mailing Address

New Filing Section Division of Corporations

Street Address New Filing Section Division The Centre of Tallahassee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Matter of Culture (Must contain the words "Limited Liability Co	
ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address:
852 NW 98th Avenue Flantation, EL 33324	852 NW 98th Avenue Plantation, FL 3333
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	ed Agent's Signature: Agent. You must designate an individual or
The name and the Florida street address of the registered agent are:	
Lois Sch	1000
Name	n
852 NW	98th Avenue
Florida street address (P.O. Box	(NOT accentable)
Plantation F	Zip PH 1: 02
City State	Zip SE 🙃
laving heen named as registered agent and to accept service of proce	ss for the above stated limited liability company at the

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)

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company: Title: "AMBR" = Authorized Member "MGR" = Manager MGR =

REQUIRED SIGNATURE:

ARTICLE VI: Other provisions, if any.

the document's effective date on the Department of State's records.

Signature of a member or an authorized representative of a member.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as

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.

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)

\$ 5.00 Certificate of Status (Optional)