

L21000086066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

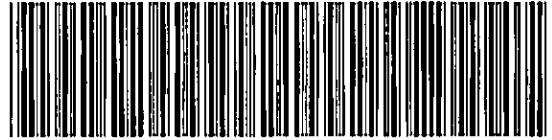
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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William T. Toohey, PLLC

Attorney at Law

Member of Florida and New York Bars

P.O. Box 1561, Palm City, FL 34991-6561

772-678-0378

Tooheylaw@aol.com

February 1, 2021

Department of State
Division of Corporations
Corporate Filings Section
P.O. Box 6327
Tallahassee, FL 32314

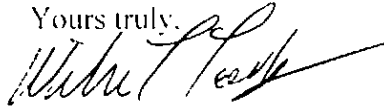
Re: LLC Articles of Organization

Dear Sir or Madam:

Enclosed for filing please find fully executed Articles of Organization for 12967 SW LLC, and a check in the amount of \$125.00 as payment of the fees for filing the Articles of Organization and Designation of Registered Agent.

Thank you for your attention to this submission.

Yours truly,



William T. Toohey

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

12967 SW LLC.

(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:

Principal Office Address:

12967 SW 31 Court
Miramar, FL 33027

Mailing Address:

179 Beach 129th Street
Rockaway Park, NY 11694

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:

William T. Toohey, PLLC

Name

2180 SW Oakwater Pointe

Florida street address (P.O. Box **NOT** acceptable)

Palm City

Florida

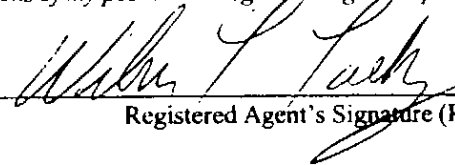
34990

City

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, 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)

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Luckisha James
12967 SW 31 Court
Miramar, FL 33027

(Use attachment if necessary)

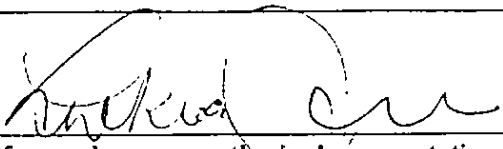
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 or 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.

LUCKISHA JAMES

Typed or printed name of signer

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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)