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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Opinient Florida LLC 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:	
Abbigayle Collocutive Name of Person	<u> </u>
Opulent Florida LLC Firm/Company	
5004 E. Fowlet Ave Suite C 900 Address	
Tampa, FL 336/7 City/State and Zip Code	202
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	5
For further information concerning this matter, please call:	是日
Abbigayle Colbourneau (727) 484-5903 Name of Person Area Code Daytime Telephone Number	2021 FEB -5 PH 4: 08
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Certificate of Status Certified Copy (additional copy is enclosed) Certified Co (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 810 Tallahassee, FL 32303



ARTICLENOFORGANIZATION FOR FLORIL	WIZNITEDIZABIZITE CONTANT
ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Coulent Florida (Must contain the words "Limited Liability	LLC.
(Must contain the words "Limited Liability	Cómpany, "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:	Mailing Address:
5004 E. Fowler Ave Suite C 900 Tampa FL 33617	5004 E. Fowler Ave Svite C 900 Tampa FL 33617
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent a	re:
<u>Abbigayle</u> J Name	Colheurne
5004 F. Fowler Florida street address (P.O. E	- Ave Suite C900
	·
<u>lampa</u>	FL 3361 9 ate Zip
City St	ate Zip
Having been named as registered agent and to accept service of proplace designated in this certificate, I hereby accept the appointment further agree to comply with the provisions of all statutes relating to am familiar with and accept the obligations of my position as regist	as registered agent and agree to act in this capacity. I The proper and complete performance of my duties, and I
Registered Age	nt's Signature (REQUIRED)
	TINUED) TINUED) TINUED
	80A 80A

ARTICLE IV-

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

<u>Title:</u>	
"AMBR" = Authorized Member	
"MGR" = Manager	
<u> </u>	Abbigayle Colhourne, 5004 & Fowler Ave Suite C 900
	5004) R Fowler Ave. Saite C 900
	Tampa FL 33617
	
	date of filing: February 1, 202/ (OPTIONAL)
f an effective date is listed, the date must be date of filing.)	be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed a
f an effective date is listed, the date must he date of filing.) [ote: If the date inserted in this block does not document's effective date on the Department of the Departm	be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed a
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