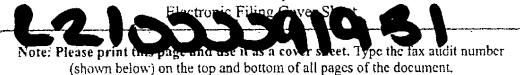
## Florida Department of State

Division of Corporations



(((H21000087251 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 : (305)444-4994 : (305)444-4977 Fax Number

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Email	Address:							
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## FLORIDA LIMITED LIABILITY CO. DEBORAH DAWN OSBORN, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

			_	
	Deborah Daw		<del></del>	100
(Must end wi	ish the words "Limited L	rapility Comb	any, "L.L.C.," or "LLC	.")
ARTICLE II - Address:				
The mailing address and street add	iress of the principal offi	ce of the Limi	ted Liability Company:	is:
Principal	Office Address:		Mailing	Address:
5100 150th Ave			III Walnut Street #177	14
The Limited Liability Company of	t, Registered Office, & amol serve as its own R	Registered Age		
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an act	t, Registered Office, & annot serve as its own R tive Florida registration.	Registered Age	gent's Signature:	
Clearwater, FL 33760  ARTICLE III - Registered Agen (The Limited Liability Company of another business entity with an act	t, Registered Office, & annot serve as its own R tive Florida registration. ldress of the registered a	Registered Age	gent's Signature; nt. You must designate	
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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 occept 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.

Quacica Martin
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page I of 2

2021 HASS -4 PH 3: 41
FINATE
FILORIDA

Title: "AMBR" - Authorized Member	Name and Address:	
"MGR" = Manager	fork and Provide Orking	
AMBR	Deborah Dawn Osborn 5100 150th Ave	
	Clearwater, FL 33760	
	**************************************	
	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days	afte
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