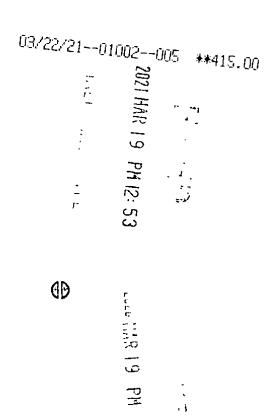
L21000116326

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
red Copies Certificates of Status
cial Instructions to Filing Officer

Office Use Only



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85. 4

COVER LETTER

New Filing Section Division of Corporations

Tallahassee, FL 32314

TO:

A-TEAN SUBJECT:	I HOLDINGS LLC			
SOBJECT.	Name of	Limited Liab	ility Company	
The enclosed Articles	of Organization and fee(s) are submitte	d for filing.	
Please return all corres	pondence concerning this	matter to the	following:	
MICHELI	EINE TALEGRAND			
		Name o	of Person	
365 BIZ F	ILING INC			
		Firm/C	ompany	
2550 OKE	ECHOBEE BLVD, SUIT	TE C		
		Ado	lress	
WEST PA	LM BEACH, FL 33409			
INFO@365	BIZFILING.COM	City/State a	nd Zip Code	
	E-mail address: (to be u	sed for future	annual report notificat	ion)
For further information	concerning this matter, ple	case call:		
MICHELE		561 (351-9260	
No	ime of Person	Area Code	Daytime Telephon	e Number
Enclosed is a check for	the following amount:			
□\$125.00 Filing Fee	■\$130.00 Filing Fee Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
New Divi	ling Address Filing Section sion of Corporations Box 6327		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre	assee

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE 1 - Name:

ne name of the Limited Liability Company is:

	contain the words "Limited Liabi	.iity Company	/, "L.L.C. or "LLC.)	
RTICLE II - Address: he mailing address and stre	eet address of the principal office	of the Limite	ed Liability Company is:	
Principal Office Address: 1953 MONKS CT			Mailing Address: 1953 MONKS CT	
WEST PALM BI	WEST PALM BEACH, FL 33415		EST PALM BEACH, FL 33415	
e name and the Florida str	365 BIZ FILING INC.	<u>-</u> .		2021 HAR 19 P
	365 BIZ FILING INC.		· -	
	Na	me		PH 12: 53
	2550 OKEECHOBEE BL	-		
	Florida street address (P.O	0. Box <u>NOT</u>	acceptable)	53
	WEST PALM BEACH	FL_	33409	
	City	State	Zip	
			he above stated limited liability company	at the

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
	ithorized Member
"MGR" = Mar	nager
MGR	CARLOS MARRERO
	2205 MONICA DRIVE
	WEST PALM BEACH, PL 33415
MCD	DUBENS PIERRE
MGR	1953 MONKS CT
	WEST PALM BEACH, FL 33415
1460	CHADALIONES
MGR	SHAUN JONES 1640 W 32ND STREET
	RIVIERA BEACH 33404
	KITIEKA DEACH 35404
<u>MGR</u>	GELZON PEREZ
	40 DAVIS ROAD
	PALM SPRINGS 33463
e date of filing.) lote: If the date insert	sted, the date must be specific and cannot be more than five business days prior to or 90 days after ed in this block does not meet the applicable statutory filing requirements, this date will not be listed as e date on the Department of State's records.
RTICLE VI: Other pro	ovisions, if any.
REQUIREDS	SIGNATURE:
MINTELL (N. A. CORE.
	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.
	Loys Byone
	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)