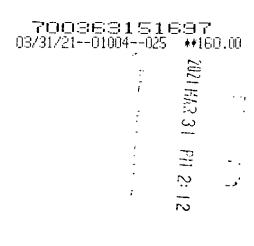
L21000132988

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

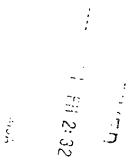
Office Use Only



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COVER LETTER

	ew Filing Sec vision of Co					
SURJECT	Next Level	Development 1	LC			
Wobsite I	Next Level Development ' + C Name of Limited Liability Company					
The enclose	ed Articles of	Organization and	l fee(s) are	e submitted	for filing.	
Please retur	m all correspo	ondence concerni	ng this ma	itter to the t	following:	
	Anthony Da	vis				
				Name of	Person	***************************************
	Next Level I	Development				
				Firm/Co	mpany	
	3919 princes	is lane				
	Address					
	panama city	florida 32405				
1	nextlevelant@	gaol.com	C	ity/State an	d Zip Code	
_		E-mail address: (t	o be used	for future a	innual report notificati	ion)
For further in	normation co	ncerning this mat	ter, please	call:		
	Anthony Dav	ris	30	1	4405214	
	Nam	e of Person	Aı	rea Code	Daytime Telephon	e Number
Enclosed is	a check for t	he following amo	unt:			
□\$125.00	Filing Fee	□\$130.00 Fili Certificate of		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	■\$160,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		ig Address iling Section			Street Address New Filing Section Di	ivision

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	E. I	_	Na	m	
AKINO					

The name of the Limited Liability Company is:

of the Limited Liability Charpany	
Next Level Development T. LUC (Must contain the words "Limited Liability Company, "L.L.C.," or "LL.C.")	
Next Level Development the words "Limited Liability Const."	
(iytust commi	

The mailing address and street address of the principal office of the Limited Liability Company is:

e II - Address. ng address and street address of the principal office	Mailing Address:
Principal Office Address:	3919 princess lane panama city II. 32405
3919 princess lane panama city fl. 32405	
	. Consture:
	Registered Agent's Signature:

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:

car amistered agent are:		175
ddress of the registered agent are:		۰
	•	_
Authony Davis Name		
Name		-
		_
1		•
3919 princess lane Florida street address (P.O. Box NOT acceptable) 32405		
The organizations (1.0).	i	
Florida 80 CCC 432		
florida		
panama city Zip		
City State	alia compan	v at th

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 jurnier agree in compry wan me provisions of an suranes remaing arme proper and complete performance of my am 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)

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

The name and address of each person audional	Name and Address:
Title: "AMBR" = Authorized Member "MGR" = Manager	Peri Davis 3919 princess lane panama city fl. 32405
AMBR	
_	
the date of filing.) Note: If the date inserted in this block does not have document's effective date on the Department of the document's effective date on the Department.	c of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b). Florida Statutes. xecuted in accordance with section 605.0203 (1) (b). Florida Statutes. Year false information submitted in a document to the Department of State degree felony as provided for in s.817.155. F.S. Typed or printed name of signee
Munco	Filing Fees:

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)