L21000144568

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2021 APR -7 PH 12: 20 SECRUTASY OF STATE

04/07/21--01019--002 **238.75

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COVER LETTER

TO:	New Filing Section Division of Corporations
SUBJE	Charles I delace I I C
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	teturn all correspondence concerning this matter to the following:
	Kebecca L. Laster
	Name of Person
	Firm/Company
	4836 Damascus Church Ro.
	Graceville, Fl. 32440
	City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)
For first	ner information concerning this matter, please call:
R	rebecca Laster 11,950, 324 2127
	Name of Person Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
J.\$12	5 00 Filing Fee

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

ED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY APR ~7 PE 12: 20

ARTICLE I - Name: The name of the Limited Liability Company is:	SECRETARY OF STATE
Krial Letters 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:	Mailing Address:
48310 Damascus Church Rd.	4836 Damascus Ch. Rd
Coraceville, Fr. 32440	Graceville, F1 32440

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:

(vartic

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

Soccerillo II 324

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)

<u>Fitle:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Petecca Laster - 0535 overpass Rol Campbellion, Fl. 33400
	SECHLIANS OF STALLIFASSEE
	EE FL
(If an effective date is listed, the date must	e date of filing:
ARTICLE VI: Other provisions, if any.	
This document is	of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b). Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. CCCA 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) 8 5.00 Certificate of Status (Optional)

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

ARTICLE IV-