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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
D.CK-A	D WAIT MAIL
	(Business Entity Name)
	(Document Number)
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CORPORATE ACCESS, _

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COPY	
хх	РНОТОСОРУ	
	CUS	
ХХ	FILING	LLC
	FRESH START GROUP LL	.c
	(CORPORATE NAME AND DOCU	JMENT #)
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COVER LETTER

	ew Filing Se ivision of Co				
SUBJECT	Fresh	Start Group			
SUBJECT	•	Name of	Limited Lial	pility Company	
The enclose	ed Anicles o	f Organization and fee(s) are submitt	ed for filing.	
Please retu	rn all corresp	ondence concerning this	s matter to th	e following:	
				Haywood	
			Name	of Person	
			Firm/	Company	<u></u>
		124	11 Tele	com Drive	
			Ad	dress	
				FL 33637	
		mykel.hay		and Zip Code rodigeeliving.	.com
		E-mail address: (to be u	sed for future	annual report notificat	ion)
For further in	formation co	oncerning this matter, ple	ease call:		
_	мукеј	Haywood at	(813	620-626	2
	Narr	ne of Person	Area Code	Daytime Telephon	e Number
Enclosed is	a check for t	he following amount:			
⊠\$125.00	Filing Fee	☐S130.00 Filing Fee Certificate of Status	Certi	55.00 Filing Fee & fied Copy onal copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street Address	
		iling Section on of Corporations		New Filing Section Di The Centre of Tallah:	
	P.O. B	ox 6327		2415 N. Monroe Street	
	Tallah	assee, FL 32314		Tallahassee, FL 3230	3

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	RGANIZATION FOR	FLORIDA LIMITED I	LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability C	Company is:		2021 APR 15 PH 2:
	Fresh Start	· · · · · · · · · · · · · · · · · · ·	SECRETA VI DE STA TALLAHASSEE, F
ARTICLE II - Address: The mailing address and street address	the words "Limited		E.E.C., of EEC.)
Principal	Office Address:		Mailing Address:
Fresh Start G 12411 Telecom Tampa, FL 336	Drive		le
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an acti	nnot serve as its own	Registered Agent, Y	
The name and the Florida street add	lress of the registered	agent are:	
	Marshe	elle Brooks	
		Name	
	12411	Telecom Dri	ve
•	Florida street addres:	s (P.O. Box <u>NOT</u> acc	ceptable)
	Tamp	a FL 33637	

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.,

> Marshelle Brooks Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

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	n		1	┖	L	С.	ı	•	-

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

Title:	Name and Address:	
		ys after
"AMBR" = Authorized Member "MGR" = Manager MGR Patress Canty 12411 Telecom Drive Tampa, FL 33637 MGR Saily Torres 12411 Telecom Drive Tampa, FL 33637 MGR Tennille Lott 12411 Telecom Drive Tampa, FL 33637 MGR Reegan Jones 12411 Telecom Drive Tampa, FL 33637		
	Tampa, FL 33637	
MGR	Saily Torres) [2
	12411 Telecom prive	·
	Tampa, FL 33037	5 <u>29</u> 5. <u>3</u>
MGR	in the second	
————		. (,
	<u></u>	after
MGR		
17017		STATE
		ריו
the date of filing.) Note: If the date inserted is	in this block does not meet the applicable statutory filing requirements, this date will not be liste on the Department of State's records.	
REQUIRED SIG	NATURE: ——DocuSigned by:	- - -
	tennille lott	
I a	Signature of a member or an authorized representative of a member. anis document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, and aware that any false information submitted in a document to the Department of State institutes a third degree felony as provided for in s.817.155, F.S.	
	Tennille Williams	tive of a member. 203 (1) (b). Florida Statutes. It to the Department of State
	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)

ARTICLE IV-

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	BlackOps Trust 12411 Telecom Drive
	Tampa, FL 33637
	SECKE TALLS
	TALLAGE
(Use attachment if necessary)	FEE, FL
an effective date is listed, the date must be spedate of filing.)	e of filing:
e document's effective date on the Department	of State's records.
RTICLE VI: Other provisions, if any.	
DEQUIDED SIGNATURE -	
	rille Lott
Signature of a me	oder teassed ember or an authorized representative of a member.

Filing Fees:

Tennille Lott Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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