L21000167006

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





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04/20/21--01020--003 **125.00

2021 APR 20 AM 9: 20
SECRETARY OF STATE

2120 APR 20 KH ID: 31

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Refer to the Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
RUEL YADAC
Name of Person
Firm/Company
185 PITKIN TERRACE
Address
TAILAHASSE FL 32317
City/State and Zip Code THE _ ya class for Yuture annual report notification)
E-mail address: (to be used for luture annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
✓S125 00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

<u>Street Address</u> New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Must contain the words "Limited Liability Company, "L.L.C.," or "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:
TALLAHASITE TALLAHASITE TALLAHASITE TALLAHASITE TALLAHASITE TALLAHASITE TALLAHASITE
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:
The name and the Florida street address of the registered agent are: Puel yada Name Na
Florida street address (P.O. Box NOT acceptable)
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>Title:</u>		Name and Address:
"AMER" = Autho "MGR" = Manage		
Mi (5)		RUEL YADAD
		TALLAMASE FL 323)7
		
(Use attachment)	. If other than the da	ne of filing: 4/21/21 (OPTIONAL)
CLE V: Effective de effective date is listente of filing.) : If the date inserted	ate, if other than the da ed, the date must be :	of meet the applicable statutory filing requirements, this date will not be
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CLE V: Effective de effective date is listo nte of filing.) If the date inserted ocument's effective of the filing. ICLE VI: Other prov	ate, if other than the dated, the date must be seen this block does no date on the Departmentisions, if any. Signature of a This document is excited am aware that any faconstitutes a third department.	member of an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-