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□ 00K	(City/State/Zip/Phone #)  J > MAIL MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	ns to Filing Officer

Office Use Only



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## COVER LETTER

	60,1911		
TO: New Filing Sect Division of Cor	Dolations		
SUBJECT:	Get Your Mone Name of Limited Lie	V_Llothing_LLC.	
A Vouslos O	f Organization and fee(s) are submi pondence concerning this matter to	ned for filing.	
	Carlos M	ne of Person	
_4e	f Your Money L	Lathing LLC.	
<del></del> -	208 AYL E		
	Port St. Jac, Fl. City.  Gym clothing 9:  E-mail address: (to be used for	State and Zip Code  Span all com	)
row Borber informat	don concerning this matter, please of	(att)	
Lar	Name of Person Ar	9(2 ) <u>549 - 03/4</u> ea Code Daytime Telephone	Number
Enclosed is a che €\$125 00 Film	g Fee S130.00 Piling Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address  New Filing Section  Division of Corporations P.O. Box 6327	Street Address New Filing Section 1 The Centre of Talla 2415 N. Monroe Str Tallahassee, FL 32	rect. Suite \$10

Tallahassee, FL 32314



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$A\mathbf{K}$	יוו	١.)	l.F. 1	- ا	Name:

The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L.I..C.," or "L.I.C.")

ARTICLE H - Address:

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

Principal Office Address:	Mailing Address:
Tallahassee, FL. 32303	208 Ave F. Pert St Joe,

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:

Carlos M. Likely Jr. Florida street address (P.O. Box NOT acceptable) 

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. Thereby 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> "AMBR" = Aethorized Member "MGR" = Manager	Name and Address:
_M4_R	ponne Likely 102 Battle St. Port St. Joa, FL. 32454
	E S A
(Use attachment if necessary)	
1 . C. (717 )	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be listment of State's records.
FICLE VI: Other provisions, if any.	

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.

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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 5,00 Certificate of Status (Optional)