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ALLAHASSEE, FLUI

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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: B44 CC 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:
Ear 1 L. Col E III Name of Person
Mame of a craon
Firm/Company
603 Filter Rd Apt F55
City/State and Zip Code Cor/Co/e 3-d @ 9moi/. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: (XS125.00 Filing Fee

Mailing Address

New Filmg 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 \$10 Tallahassee, FL 32303

FIRED

2021 MAY 18 PM 5: 08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Name:

The name of the Limited Liability Company is:

(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:

GOS FUHON FOL AOF FSS

TAILIANSSEE FL 32312

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

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Ear (L. Cole III Name

Name

603 Fulton Rd Apt F 55

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

Tallabassee FL 323/2

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)

Tit <u>le:</u>	h person authorized to manage and control the Limited Liability Company: Name and Address:
"ANIBR" = Authorized Men	
"MGR" = Manager AMB (C	Corl (Cole III. 603 Fulton Rd Apt F55 Tallabassee FC 3/3/2
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	——————————————————————————————————————
	5: 08
	[7]
(Use attachment if necessar	y)
ARTICLE V: Effective date, if other	than the date of filing: $\frac{05//3/202}{10000000000000000000000000000000000$
(If an effective date is listed, the dat the date of filing.)	e must be specific and cannot be more than ave business duys prior to so
Note: If the date inserted in this blo	ock does not meet the applicable statutory filing requirements, this date will not be listed a
the document's effective date on the	: Department of State's records.
ARTICLE VI: Other provisions, if a	ny.
REQUIRED SIGNATUL	RE:
Siot	nature of a member or an authorized representative of a member.
This docu	ment is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

Filing Fees:

I am aware that any false information submitted in a document to the Department of State

Earl Cole III
Typed or printed name of signee

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

constitutes a third degree felony as provided for in s.\$17.155, F.S.

\$ 30,00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)