## L21000249701

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## COVER LETTER

	w Filing Secti ision of Corp			
SUBJECT:		lose Friends O Name of Limit	ted Dability Company	<u></u>
The enclose	d Articles of C	Organization and fee(s) are s	submitted for filing.	
Please return	all correspor	ndence concerning this matt	er to the following:	
	**		Mame of Person	
		2182 Del	Curnel Way Address	
		Tallahassee F	( 32303 ty/State and Zip Code	<u> </u>
_	17	official Cf	Only Q Gmail. Com or future annual report notification	on)
For further in		neerning this matter, please		
	Kamal	Pressley at (T	86) <u>370 - 107-7-</u> ca Code Daytime Telephone	e Number
Enclosed is	a check for th	ne following amount:		
∏\$125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	IS160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mailin</u>	g Address	Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:	
	Close Friends Only LCC _
(Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2182 Del Carmel Dr	2182 Oct Carmel Dr
Tallahussey, Fc 32307	Tallahassec, FC 32303
The name and the Florida street address of the registere	Name  Cormel Way
	ess (P.O. Box NOT acceptable)
_ Tillahussee	FL 32303
City	State Zip
place designated in this certificate, I hereby accept the app	vice of process for the above stated limited liability company at the pointment as registered agent and agree to act in this capacity. I relating to the proper and complete performance of my duties, and as registered agent as provided for in Chapter 605, F.S
2	
Regis	stered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
21 MAY 28 PH 3: 13

JEUNEL AND HIS SANDA

## ARTICLE IV-

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

"AMBR" = Authorized Member		
"MGR" = Manager		
LN 20	July Barnett	
	12182 DOL (WAR WAY	
	Tullahasser, Fi 32303	
V mas		
AMBR	Kamai Prester	
	11) 2 Del Carmel Way	<del></del>
<del></del>		
		<del></del>
(Use attachment if necessary)		
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of filing.) If the date inserted in this block does not ment's effective date on the Department.  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a magnetic form aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this t of State's records.  nember or an authorized representative of a member of an authorized representative of a member of an accordance with section 605.0203 (1) (b), Flor se information submitted in a document to the Department fellow as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees: rganization and Designation of Registered Agent	er. ida Statutes. non-of State  ALANA 28