121000264954

(Requestor's Name)	
(Address)	—
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	ŀ

Office Use Only



500366818515

06/07/21--01007--016 **130.00

2021 JUN -7 PH 12: 3



	ACCESS,
	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
	PICK UP: Danny 6/1/
	CERTIFIED COPY
 	РНОТОСОРУ
*	CUS
×	FILING LLC
,	COLIS EUM Street Investments LLC (CORPORATE NAME AND DOCUMENT#)
	(CORPORATE NAME AND DOCUMENT #)
	(CORPORATE NAME AND DOCUMENT #)
	(CORPORATE NAME AND DOCUMENT #)

1.

2.

3.

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL
INSTRUCTIONS:

COVER LETTER

	w Filing Section rision of Corporations
SUBJECT:	Coliseum Street Investments LLC 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:
_	Jason Matthews Name of Person
-	Coliseum Street Investments LLC Firm/Company
-	301 W Platt St, #A343
	TAMPA, FL 33606
	TAMPA, FL 33606 SMatte Tlam ABV, Com E-mail address: (to be used for future annual report notification)
For further info	rmation concerning this matter, please call:
Jason_	MA HALWS at (412) 414-4405 Name of Person Area Code Daytime Telephone Number
Enclosed is a c	theck for the following amount:
\$125.00 Filing	Fee S130.00 Filing Fee & Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:
Coliseum Street Investments 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: Mailing Address:
JAMPA, FL 33606
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: Sason Ma Hhew S

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..

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	<u> </u>
1-101-	Jason MAtthews
	301 W Plate St, #A343 TAMPA, FL
irre unie is ustea, the date must be st	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date tive date is listed, the date must be sp filing.)	meet the applicable statutors: filing requirements this large in
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) see date inserted in this block does not ent's effective date on the Department	meet the applicable statutors: filing requirements this large in
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) The date inserted in this block does not ent's effective date on the Department.	meet the applicable statutors: filing requirements this large in
V: Effective date, if other than the date tive date is listed, the date must be spfiling.) the date inserted in this block does not ent's effective date on the Department of the VI: Other provisions, if any. EQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not of State's records.
V: Effective date, if other than the date live date is listed, the date must be spfiling.) c date inserted in this block does not ent's effective date on the Department VI: Other provisions, if any. Signature of me This document is executed an aware that any false.	meet the applicable statutors: filing requirements this large in
V: Effective date, if other than the date tive date is listed, the date must be spfiling.) the date inserted in this block does not ent's effective date on the Department of the Other provisions, if any. Signature of the This document is executed am aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not of State's records. The state of State of a member of a member of a naccordance with section 605.0203 (1) (b), Florida Statutes of a member of a member of a member of a naccordance with section 605.0203 (1) (b), Florida Statutes of a member of State of Sta

\$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-