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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		

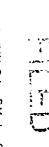
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SECRETATY OF STATE
TALLASIASSEE, FL



COVER LETTER

TO:	New Filing Sec Division of Co	ction rporations					
SUBJEC	CREDIT L	EVEL LLC					
		Name	of Lim	ited Liabil	ту Сотралу		
The enclo	osed Articles of	Organization and fee	(s) are	submitted	for filing.		
Please re	turn all corresp	ondence concerning th	nis mat	tter to the f	ollowing:		
	HUBERT P	IECIAK					
				Name of	Person	-	
	CREDIT LE	EVEL LLC					
				Firm/Co	mpany		
	1801 NE 12	3RD STREET					
				Addr	ess		
	NORTH MI	AMI FL, 33181					
			Ci	ty/State an	d Zip Code		
	hubert@credi	· · · · · · · · · · · · · · · · · · ·					
		E-mail address: (to be			nnua! report notifi	ication	
For further	information co	ncerning this matter,	please	call:			
	Samuel Harr		305 at (974-4581)		
	Nam	e of Person	-	ea Code	Daytime Telep	hone N	umber
Enclosed	is a check for t	he following amount:					
□\$125.0	00 Filing Fee	■\$130.00 Filing F Certificate of State	ee &	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed	d)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
	Mailie	ere A allalanno			Stuant Adduson		

Mailing Address
New Filing 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 810 Tallahassce, FL 32303

CORPORATE DETAIL RECORD SCREEN 12:37 PM NUMBER: W20000086528 REJECTED FILING REJ: 08/07/2020

NAME : CREDIT LEVEL LLC SUBMIT BY: HUBERT PIECIAK

ADDRESS : 1801 NE 123RD STREET
NORTH MIAMI, FL 33181
USER ID : YCSCOTT

1. MENU, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR:

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2021 JUN 21 Pt 4: 29

ARTICLE I - Name: The name of the Limited Liability Company is:	SECR TAL

SECRETARY OF STATE TALLAHASSEE, FI	

CRED	IT	LEV	'EL	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:
1801 NE 123RD STREET	1801 NE 123RD STREET
NORTH MIAMI FL, 33181	NORTH MIAMI FL, 33181

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:

HUBERT PIECIAK		
	Name	•
1801 NE 123RD STR	EET	
Florida street address	(P.O. Box NOT ac	cceptable)
NORTH MIAMI	FL	33181
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)

Α	ĸ	TI	C	I II	IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	HUBERT PIECIAK 1801 NE 123RD STREET NORTH MIAMI FL, 33181	_ _ _
		_
	A A A A A A A A A A A A A A A A A A A	SECRETA-Y OF STA
(Use attachment if necessary)	<u>ं</u> स	PM 4: 29
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sp the date of filing.)	e of filing:) days after
REOUIRED SIGNATURE:		
This document is execut	ember or an authorized representative of a member. Ited in accordance with section 605.0203 (1) (b), Florida Statutes. Ite information submitted in a document to the Department of State	

constitutes a third degree felony as provided for in s.817.155, F.S.

HUBERT PIECIAK

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)
- \$ 5.00 Certificate of Status (Optional)