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Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only

C. SCOTT



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THE LARY OF STATE

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Kally Dowson's Real Estate Service Name of Limited Liability Company	ے'
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Keley Dawson Name of Person	_
Kaley Dawson's head Estate Services	<u>></u>
AND W1 HOWARD STREET	_
Live Dala, Florida 32064 City/State and Zip Code	<u> </u>
City/State and Zip Code Kaley bi Kes a mail 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:	
□\$125.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)	Ŀ
Mailing Address New Filing Section Street Address New Filing Section Division	

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:

(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:
20 W. Howard Street	210 W. Harred Street
Live Make, 71 320e4	Live Onla 2/3 2064

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:

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

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)

SLUBE JARY OF STATE

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Kaley Dawson 3070 NE 5TH ADR Trenton Te 32693
	3070 NE 5TO ADR
	Trenton TC 32695
(Use attachment if necessary)	
	te of filing: 6/12/2021 (OPTIONAL)
LE V: Effective date, if other than the dat fective date is listed, the date must be s	te of filing: 6/12/202 (OPTIONAL) specific and cannot be more than five business days prior to or 90 o
EV: Effective date, if other than the dat fective date is listed, the date must be so of filing.)	te of filing: 6/12/202 (OPTIONAL) specific and cannot be more than five business days prior to or 90 or
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LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.) If the date inserted in this block does not ament's effective date on the Department. LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a many of the document is executed the second content of the date of the da	meet the applicable statutory filing requirements, this date will not left of State's records.

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)