Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210002519803)))



H210002519803ABC

To: Division of Corporations Fax Number : (850)617-63		EORETARY OF TALLAHASSE	1 82 MIL 1202
From: Account Name : MCNEESE LAW	CTDM	어딘 대한국	
Account Number : 12019000007		<u> </u>	й
Phone : (850)337-42			
Fax Number : (850)337-42		ा गं	
*Enter the email address for this bus annual report mailings. Enter onl	iness entity to be used ly one email address pl	d for future case.**	
*Enter the email address for this bus annual report mailings. Enter on Email Address: 30Amojo@gmail.com	iness entity to be used ly one email address pl	d for future case.**	1837
annual report mailings. Enter on	ly one email address pl	d for future case.**	7931
annual report mailings. Enter onl Email Address: 30Amojo@gmail.com	D LIABILITY CO.	d for future case.**	7831 28
annual report mailings. Enter onl Email Address: 30Amojo@gmail.com FLORIDA LIMITED	D LIABILITY CO.	d for future case.**	(F) 28
FLORIDA LIMITED 30Amojo	D LIABILITY CO.	d for future case.**	28 PH
FLORIDA LIMITED 30Amojo Certificate of Status	D LIABILITY CO.	d for future case.**	(F) 28

Electronic Filing Menu

Corporate Filing Menu

Help



(((H21000251980 3)))

COVER LETTER

TO: New Filing S Division of C				
SUBJECT:	3	0Amojo, LI	.c	
	Name of Lin	nited Liabil	іту Сошралу	
The enclosed Articles	of Organization and fee(s) ar	e submitted	for filing.	
Please return all corres	pondence concerning this m	atter to the f	ollowing:	
		Richard L.	Johnson	
		Name of	Person	
				20; SE
		Firm/Co	ubsuA	——————————————————————————————————————
	80	02 Dragons	Eye Drive	1021 JUH 28 SECRETARY
		Addre	şs	(x)
_	H	lenderson, N	TV 89012 .	AM E SEE,
	Ç	ity/State and	Zip Code	5: 1
		0Amojo@g		riý
	E-mail address: (to be used	for future ar	mual report notificati	on)
or further information c	oncerning this matter, please	cali:		
Richa	rd L. Johnson	479	283-8883	
Nac		ea Code	Daytime Telephone	Number
Enclosed is a check for	the following amount:			
■\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifie	00 Filing Fee & 1 Copy copy is enclosed)	□S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address Iling Section	_	treet Address ew Filing Section Div	vision

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 310 Tallahassee, FL 32303

(((H21000251980 3)))

ARTICLES OF ORGANIZATION FOR FLORIDALINITIED LIABILITY COMPANY

		30Amojo, LLC				
(Must cor	nmin the words "Limited	Liability Company,	"L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street	address of the principal o	office of the Limited	Liability Company is:			
Princip	pal Office Address:		Mailing Address:			
802 Dragons Eve Dr Henderson, NV 890	rive		Dragons Eve Drive Ierson, NV 89012	<u> </u>		
APTICE F III Danieland L				_		
ARTICLE M - Registered Ag (The Limited Liability Company another business entity with an	y cannot serve as its own	Registered Agent 3	t's Signature: (ou must designate an individual or	S S	202	
(The Trimited Frability Combati	y cannot serve as its own active Florida registratio	Registered Agent Y	t's Signature: Tou must designate an individual or	SECRE	2021 JUN	
another business entity with an	y cannot serve as its own active Florida registration address of the registered	Registered Agent Y	t's Signature: Ou must designate an individual or	ECRETAI TALLAH	2021 JUN 28	g SQLACT
another business entity with an	y cannot serve as its own active Florida registration address of the registered	Registered Agent. You.) agent are:	t's Signature: You must designate an individual or	ECRETARY TALLAHAS	æ	4374E3
another business entity with an	y cannot serve as its own active Florida registratio address of the registered R 36468 Eme	Registered Agent. 's n.) agent are: ichard S. McNeese Name traid Coast Parkway	ou must designate an individual or	ECRETARY OF TALLAHASSE	2021 JUN 28 AM	
another business entity with an	y cannot serve as its own active Florida registratio address of the registered	Registered Agent. 's n.) agent are: ichard S. McNeese Name traid Coast Parkway	ou must designate an individual or	ECRETARY O TALLAHASS	æ	4374E3
another business entity with an	y cannot serve as its own active Florida registratio address of the registered R 36468 Eme	Registered Agent. 's n.) agent are: ichard S. McNeese Name traid Coast Parkway	ou must designate an individual or	ECRETARY OF TALLAHASSE	8 AM	1

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.,

Agent's Signature (F

(CONTINUED)

(((H21000251980 3)))

Title; "AMBR" = Authorized Me; "MGR" = Manager	Name and Address:	
MGR	Richard L. Johnson	
	802 Dragons Eve Drive	
•	Henderson, NV 89012	 -
MGR	Eileen A. Moore	
	802 Dragons Eve Drive	
	Henderson, NV 89012	
		7 32 32
		<u></u> 2:S
		
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TLE V: Effective date, if other t ffective date is listed, the date e of filing.)	nan the date of filing: (OPTION must be specific and cannot be more than five business days prior does not meet the applicable stanutory filing requirements, this da	VAL) or to or 90 days a
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(((H21000251980 3)))