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2021 JUH - 3 AM 9: 0

## COVER LETTÉR

Division of Corporations	
SUBJECT: MU 1350 Name of Limi	ENSIONS LLC ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Eddie	Strant Amos Name of Person
	Firm/Company
322 Stac	Cy Circle NE JAddress
,	Address
Muascension	Bluch FL 32548  //State and Zip Code  777 @ GMail  or future annual report notification)
For further information concerning this matter, please c	all:
	50) 376-1758 a Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee  □\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
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 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
My Ascensions, 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:
322 Stacy Circle NE	322 Stacy Circle NE
Fort Walton Beach FL	Fort Walton Beach FL
32548	32548

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:

ARTICLE I - Name:

Eddie	Croun 7	Amos	
Na	me		
322 Stacy ( Florida street address (P.0	circle	NE	
Florida street address (P.0	D. Box <u><b>NOT</b></u> a	icceptable)	
Ft. Walton	Beach	FL 37	548
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)

2021 JUN -3 KM 9: 06

<u>Title:</u> "AMBR" ≈ Authorized Member	Name and Address:
"MGR" = Manager	
	Eddie Grant Amus/322
	Stucy Circle NE, Fort Walton
	13 Cach FL 325481
(Use attachment if necessary)	
LEV: Effective date, if other than the date fective date is listed, the date must be s	te of filing:
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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)