**Division of Corporations Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

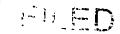
## FLORIDA LIMITED LIABILITY CO.

## **Award Capital LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 JUL -2 AM 9: 25

SECRETARY OF STATE TALLADASSEE, FL

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

Award Capital 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: 7862 W. Irlo Bronson Memorial Hwy 7862 W. Irlo Bronson Memorial Hwy Suite 778 Suite 778 Kissimmee, FL 34747 Kissimmee, FL 34747 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: Northwest Registered Agent, LLC Name 7901 4th ST N STE 300 Florida street address (P.O. Box NOT acceptable) St. Petersburg, FL 33702 Zip City State

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)

Michael J. Ward 7862 W. Irlo Bronson Memorial Hwy Suite 778
Kissimmee, EL 34747
Junelyn L. Ward
7862 W. Irlo Bronson Memorial Hwy Suite 778 Kissimmee, FL 34747
of filing: (OPTIONAL)
cific and cannot be more than five business days prior to or 90 days after
eet the applicable statutory filing requirements, this date will not be listed
f State's records.
FALL
•

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Morgan Noble

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)