# 21000329043

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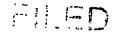
### COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Person	
Firm/Company	
1831 Doric Oriva	
Tollohossee Fl 32303 City/State and Zip Code Shoke-Anthony 2660 cyrol. Con	>
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:	
□S125.00 Filing Fee □S130.00 Filing Fee & □S155.00 Filing Fee & □S160.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) □S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	:
Mailing Address Street Address	

#### Mailing Address

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 2021 JUL 20 AM 10: 15

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECREMAN OF STATE TAILERS SEE, FL

Dace	Trant	~ 2.	MC	
(Must contain	the words "Limited Lia	bility Compa	iny, "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:		
1831 Doic days	1831 Dric drive		
Tall F1, 32303			

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:

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)

Title:	Name and Address:			
"AMBR" = Authorized Member "MGR" = Manager	1831 Fare also			
Manager	Zacray Jares	<u></u> , F	1,32	<b>3</b> 2
Ambre _	Claire Arthur Strace	7		
(If an effective date is listed, the date must be	specific and cannot be more than five business days prior of the applicable statutory filing requirements, this date not of State's records.			
ARTICLE VI: Other provisions, if any.				
This document is exc	member or an authorized representative of a member. Secuted in accordance with section 605.0203 (1) (b), Florida Salse information submitted in a document to the Department gree felony as provided for in s.817.155, F.S.  Typed or printed name of signce	or state.	2021 JUL 20 MM 10: 15	
	Filing Fees:			
\$125.00 Filing Fee for Articles of	Organization and Designation of Registered Agent			

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

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)