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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SB 7.29.21 Jasan Fleiffer 2603 Repperment Circle 7. 334(0 561 - 568-0293

COVER LETTER

| | ew Filing Section ivision of Corporations |
|----------------|---|
| SUBJECT | : TRUE CRIME RECLINER LLC Name of Limited Liability Company |
| The enclose | ed Articles of Organization and fee(s) are submitted for filing. |
| Please retu | rn all correspondence concerning this matter to the following: |
| | JAJON PFEIFFER |
| | Name of Person |
| | TRUE (RIME RECLINER LLC |
| | Firm/Company |
| | 2603 Pepperwood Circle 10 North |
| | Address |
| - | Palm Beach Gardens; FL 33410 City/State and Zip Code TRUECRIMERECLINER @ GMAIL. COM |
| | E-mail address: (to be used for future annual report notification) |
| For further in | nformation concerning this matter, please call: |
| | Tasen Phitter at 561 S68 - 0293 Name of Person Area Code Daytime Telephone Number |
| | Tasen Pfeiffer at 561 S68 - 0298 Name of Person Area Code Daytime Telephone Number |
| . / | s a check for the following amount: |
| \$125.00 | Certificate of Status Certified Copy Certificate of Status & |
| Paid previou | (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

| ARTICLE I - Name: The name of the Limited Liability Company is: |
|---|
| TRUE CRIME RECLINER 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: 2603 Pepperwood Circle W |
| 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: \[\int 4 \int n \] \[\text{The part of the Florida street address of the registered agent are:} \] |
| Susserved address (P.O. Box NOT acceptable) |
| Florida street address (P.O. Box NOT acceptable) Palm Beach Gardens, FL 38410 City State Zip |
| City State Zip |
| laving been named as registered agent and to accept service of process for the above stated limited liability company at the lace designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I arther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I m familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Registered Agent's Signature (REOURED) |
| (CONTINUED) |

The name and address of each person authorized to manage and control the Limited Liability Company: Single Member LCC Name and Address: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. **REQUIRED SIGNATURE:** 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. 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)

ARTICLE IV-