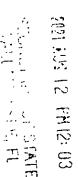
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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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ALLAHASSEE, FLORIDA

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		WALK IN
	PIC	CK UP: 8/12 DANNY
	CERTIFIED COPY	
XX	РНОТОСОРУ	
	CUS	
XX	FILING	LLC
• _	TIN ROOF, LLC	
	(CORPORATE NAME AND DOCU	UMENT #)
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PECIAL	CORPORATE NAME AND DOCU	OMENT#)

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:
Anna Hua
Name of Person
Tin Roof, LLC
Firm/Corhpany
20325 NE 15th Court
Address
Mani F2 33179
Mani & 33179 City/State and Zip Code Ohchiquita 305 @ qmail .com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Annatur a1 (954) 4-83-0713
Name of Person Area Code Daytime Telephone Number
Exclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301



* ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2021 AUG 12 PM 12: 03

ARTICLE I - Name: The name of the Limited Liability	Company is:				SECTION OF STATE THAT THE STATE OF STAT	E
(Must contain	In Roo	Liability Compa	ny, "L.L.C.," or "	'LLC.'')		
ARTICLE II - Address: The mailing address and street add	ress of the principal	office of the Limi	ted Liability Con	npany is:		
<u>Principal</u>	Office Address:		<u>M</u> 1	niling Ado	<u>iress</u> :	
20325 N Miami F	E15th (00 2 33179	<u>et</u>	20325 Micmil	NE	15th Case+	
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an act	annot serve as its ow ive Florida registrati	n Registered Ager on.)			ndividual or	i
The name and the Florida street ad	3-	-	. •			
	<u> </u>	Name				
	Ann 20325			<u> </u>		
	Florida street addre	ss (P.O. Box <u>NO</u>	acceptable)			
_	Mani	1-2	<u> 331°</u>	<u> </u>		
	City	State	Zip			
Having heen named as registered age place designated in this certificate, I further agree to comply with the provam familiar with and accept the oblig	hereby accept the app isions of all statutes t actions of my position	pointment as regist rela <mark>t</mark> ing to the proj	ered agent and a per and complete nt as provided for	gree to ac. performar in Chapte	t in this capacity. I nce of my duties, and I	
		(CONTINUEI				

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Anna Hua 20325 NE 1St Court Mari & 33179
MGR	Shan Laskowski
	Altamente Springs Fr 32701
(Use attachment if necessary)	
•	1 .
ICLE V: Effective date, if other than the date of affective date is listed, the date must be specified.	of filing: 8 12 20 21. (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after
n effective date is listed, the date must be speciate of filing.) If the date inserted in this block does not included the date inserted in the Department of the Department	cific and cannot be more than five business days prior to or 90 days after seet the applicable statutory filing requirements, this date will not be listed as
n effective date is listed, the date must be spec ate of filing.)	cific and cannot be more than five business days prior to or 90 days after seet the applicable statutory filing requirements, this date will not be listed as
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reffective date is listed, the date must be speciate of filing.) If the date inserted in this block does not into locument's effective date on the Department of ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men This document is execute I am aware that any false in the special specia	eet the applicable statutory filing requirements, this date will not be listed as of State's records. The property of a member of a membe
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reffective date is listed, the date must be speciate of filing.) If the date inserted in this block does not into ocument's effective date on the Department of ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men This document is execute I am aware that any false is constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.