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COVER LETTER

New Filing Section Division of Corporations

TO:

The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jennifer B. Thorne Name of Person	
Firm/Company	
6261 Joidan Pass Drive	
Tallahesse FL. J2304 City/State and Zip Code J Horne Nex Gen (D) yahoo. (On E-mail address: (to be used for future annual report notification)	
Tallahalke -L. J2304	
1 + have New Geo @ vahoo : Um	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jennifer Thomas (PSD) 333-7612	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status & Certified Copy Certificate of Status &	
(additional copy is enclosed) Certified Copy (additional copy is enclosed) (additional copy is enclosed)	
AUG NEW YORK	
Mailing Address New Filing Section New Filing Section Division	:
	-
Division of Corporations The Centre of Tallahassee	τ
The triang section	τ

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Co	mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	
Principal Office Address:	Mailing Address:
Tail ahore FL 32304	
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	red Agent's Signature: Agent. You must designate an individual or
The name and the Florida street address of the registered agent are:	
dear & Thorn	L
Name	entre :
6261 Jordan Pa	a Drive way
Florida street address (P.O. Bo.	
Tallahayee Fo	<u>. 12304</u>
City State	₂ Z ₁ p
Having been named as registered agent and to accept service of proceed place designated in this certificate. I hereby accept the appointment a further agree to comply with the provisions of all statutes relating to to am familiar with and accept the obligations of my position as register	he proper and complete performance of my duties, and I
Decisional Non	nt's Signature (REQUIRED)
Registered Agen	(5 Digitature Accessoration)
(CONT	INUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBK	Jennife B. Thorne 1261 Jordan PASS Drive Tailabathe Fr. 3230	
	SEE	
(Use attachment if necessary)		
(If an effective date is listed, the date must be	tate of filing:	r as
ARTICLE VI: Other provisions, if any.		
Signature of This document is ex I am aware that any constitutes a third d	a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.	
den tei	Typed or printed name of signee	

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

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-