2021-09-08 19:20:14 GMT

13053284774

From: Yanet Avila

9/8/2021



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000333905 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

Phone : (305)444-4994

Fax Number : (305)444-4977

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

| Emia | : | 1 | | _ | _ | |
|------|---|---|------|---|---|--|
| | | | | | | |

FLORIDA LIMITED LIABILITY CO. GUMBO TALK LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

Electronic Filing Menu Corporate Filing Menu

Help

Page; 3 of 4

ARTICLES OF ORGANIZATION FOR PLORIDA LIMITED LIABILITY COMPANY

| , | t contain the words "Limited i | Liability Company, | 'L.L.C.," or "L.L.C.") | | | |
|--|---|--|---|-----|--------------|------|
| ARTICLE II - Address: The mailing address and str | reet address of the principal of | | · | | | |
| <u>Pri</u> | incipal Office Address: | | Mailing Address: | | | |
| 2603 N Miami . Miami, FL 3312 | | | N Miami Ave ni, FL 33127 | | 2921 S | |
| | d Agent Registered Office . | & Registered Agen | d's Signature | 7 | ĭ | 1 ** |
| (The Limited Liability Com another business entity with | d Agent, Registered Office, on pany cannot serve as its own than active Florida registration street address of the registered Chañz Magwood | Registered Agent. \ on.) | ot's Signature: You must designate an individual | (0) | -8 NH 12: 53 | |
| (The Limited Liability Com another business entity with | rpany cannot serve as its own than active Florida registratio street address of the registered Chañz Magwood 2603 N Miami Ave | Registered Agent Non.) I agent are: Name | You must designate an individual | (0) | . 0 | |
| (The Limited Liability Com another business entity with | npany cannot serve as its own than active Florida registratio street address of the registered Chañz Magwood | Registered Agent Non.) I agent are: Name | You must designate an individual | (0) | . 0 | |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

| AR' | ПCI | Æ | IV |
|-----|------|-----|-----|
| The | กลทา | ı a | n/i |

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

| Title: "AMBR" = Authorized Member | Name and Address: | |
|---------------------------------------|---|---------------|
| | f . | |
| "MGR" = Manager | | |
| AMBR | Chañz Magwood | |
| | 2603 N Miami Ave Miami, FL 33127 | |
| | Manu. Ft. 33121 | _ |
| | • | |
| | | |
| • | | |
| | | 2821 |
| | | ∴ ≥ |
| | | SE SE |
| | | -0 |
| | | 75. T |
| | · · | ∕/: ∞ |
| | | <u></u> |
| | | = 3 |
| | | <u> </u> |
| | | EX S |
| (Use attachment if necessary) | | E W (|
| (Use attachment if necessary) | | |
| CLF V: Effective date if other than | the date of filing: (OPTIONAL) | |
| Mactive date is listed, the date mu | ust be specific and cannot be more than five business days prior to or | 90 days aft |
| te of filing.) | | |
| If the date inserted in this block do | oes not meet the applicable statutory filing requirements, this date will t | not be listed |
| | | |
| cument's effective date on the Dep | | |
| cument's effective date on the Depa | | |
| | | |
| cument's effective date on the Dep. | | |
| cument's effective date on the Dep. | | |
| cument's effective date on the Dep. | | |
| cument's effective date on the Dep. | | |
| cument's effective date on the Dep. | | |
| cument's effective date on the Dep. | awood | |

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

Fillng Fces:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)