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Office Use Only



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COVER LETTER

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TO:	New Filing Sec Division of Co				_
CIID II	Noah&frie				
зовят		Name of L	imited Liabili	ty Company	
The en	closed Articles of	*Organization and fee(s) a	ire submitted	for filing.	
Please	return all corresp	ondence concerning this n	natter to the fi	ollowing:	
	Noah Purvis	i			
			Name of	Person	
	Noah & frie	nds			
		 	Firm/Cor	npany	
	18 Radium l	a			
			Addre	ss	····
	Palm Coast	n			
	Palm Coast fl	orida 32164 noahpurvis@	City/State and	Zip Code	
		E-mail address: (to be use		nnual report notificat	ion)
For turth	er information co	ncerning this matter, pleas	se call:		
	Noah Purvis		386	338-8992	
	Nam			Daytime Telephon	
Enclose	rd is a check for t	he following amount:			
	5,00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	Certifie	.00 Filing Fee & d Copy I copy is enclosed)	☐S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

<u>Street Address</u> New Filing Section Division The Centre of Taliahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name: he name of the Limited Liability Comp	nany is:			2 · 2" 15 ?	!
to name of the Entired Entonity Comp	2411 y 10.				
Noah &friends LLC				_	
(Must contain the	words "Limited L	iability Company, "	L.L.C.," or "LLC.")		
RTICLE II - Address: the mailing address and street address of	of the principal of	Tice of the Limited I	iability Company is	:	
Principal Offic	e Address:		Mailing A	ddress:	
18 Radium la		18 Ra	dium la		
Palm Coast Fl.			Coast Fl		
32164		32164			
he name and the Florida street address	, ĭ -	<u> </u>			
he name and the Florida street address	, ĭ -	agent are:		-	
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18 R Flor	VoRh I	Dr Vi S Name	eptable) 32164	-	
18 R Flor	Vo An I	Name (P.O. Box NOT acc	•	-	
18 R Flor	adium la ida street address Coast City ad to accept service by accept the appoints of all statutes rel	Name (P.O. Box NOT acc Florida State the of process for the continuent as registered lating to the proper of	32164 Zip above stated limited lagent and agree to and complete perform	act in this capacity. I nance of my duties, and	
18 R Flor Palm ving been named as registered agent ance designated in this certificate,! hereb	adium la ida street address Coast City ad to accept service by accept the appoints of all statutes rel is of my position a	Name (P.O. Box NOT acc Florida State the of process for the continuent as registered lating to the proper of	32164 Zip above stated limited lagent and agree to and complete perform provided for in Cha	act in this capacity. I nance of my duties, and	

(CONTINUED)

ARTICLE IV-

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

	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
168	Noah Purvis	18 Radium la
, , ,		Palm Coast Florida 32164
	(Use attachment if necessary)	
(If an el the date <u>Note:</u>	ffective date is listed, the date must be see filling.)	te of filing: July 01 2021 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as it of State's records.
(If an election the date Note: the doc	ffective date is listed, the date must be see of filing.) If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as
(If an election the date Note: the doc	ffective date is listed, the date must be set of filing.) If the date inserted in this block does not ument's effective date on the Department.	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as

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)



June 25, 2021

NOAH PURVIS 18 RADIUM LA PALM COAST, FL 32164

SUBJECT: NOAH & FRIENDS LLC Ref. Number: W21000092798

We have received your document for NOAH & FRIENDS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

James G Harris Regulatory Specialist II

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Letter Number: 721A00014606