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2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243 Please use funds from ACCT. # 120210000160 FOR: \$ 125.00 Authorized Signature: LICENSE MANAGERS. LLC Business Name & Document #, (if known): Pick up time ___ Walk in Will wait Mail out Photocopy Certified Copy of ARTICLES OF ORGANIZATION Certificate of Status **NEW FILINGS AMMENDMENTS** Amendment Profit Resignation of R.A. Officer/Director Not for Profit X_ Limited Liability Change of Registered Agent ____Domestication Dissolution/Withdrawal Merger Other _ CORP _Conversion **REGISTERATION/QUALIFICATIONS** OTHER FILINGS ___ Foreign filing Annual Report ___Limited Partnership Reinstatement ___Fictitious Name ____ APOSTIL ()____Other Country

FIORIDA CAPITAL COURIER SERVICES, INC

EXAMINER'S INITIALS:

COVER LETTER

	New Filing Sec Division of Co									
SUBJEC		MANAGERS.	LLC							
SUBJEC	··	Name of Limited Liability Company								
The enclo	sed Articles of	Organization a	nd fee(s) are	e submitte	d for filing.					
Please ret	urn all correspo	ondence concer	ning this ma	tter to the	following:					
	PHILA. D'A	ANIELLO								
				Name o	f Person					
				Firm/C	ompany					
	1325 WEST	COLONIAL I	RIVE							
		Address								
	ORLANDO	,FL 32804								
	pdaniello@fa	ssettlaw.com	C	ity/State a	nd Zip Code					
		E-mail address:	(to be used	for future	annual report notificat	ion)				
For further	information co	ncerning this m	atter, please	call:						
	Phil A. D'An	iello	40 at ()7	489-5 7 66					
	Nam	e of Person	Aı	rea Code	Daytime Telephor	ne Number				
Enclosed	is a check for t	he following an	nount:							
≣\$125.0	00 Filing Fee	□\$130.00 F Certificate o		Certif	55.00 Filing Fee & Ted Copy nal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	New F	ng Address			Street Address New Filing Section D					
Division of Corporations				The Centre of Tallahassee						

P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE 1 - Name:

The name of the Limited Liability Company is:

(Must conta	ain the words "Limited Lia	ability Company.	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal offi	ce of the Limited	Liability Company is:	
Princips	al Office Address:		Mailing Address:	
1325 WEST COLON ORLANDO, FL 328			WEST COLONIAL DRIVE ANDO, FL 32804	- -
another business entity with an a	cannot serve as its own Renctive Florida registration.)	egistered Agent. Y)	ou must designate an individual or	2421 (
(The Limited Liability Company	cannot serve as its own Roactive Florida registration.) address of the registered ag PHIL A. D'ANIELLO	egistered Agent. Y) gent are:	ou must designate an individual or	SEP
(The Limited Liability Company another business entity with an a	ecannot serve as its own Roactive Florida registration.) address of the registered as PHIL A. D'ANIELLO 1325 WEST COLONIA	egistered Agent. Y) gent are: Name	ou must designate an individual or	SEP 14
(The Limited Liability Company another business entity with an a	ecannot serve as its own Roactive Florida registration.) address of the registered as PHIL A. D'ANIELLO	egistered Agent. Y) gent are: Name	ou must designate an individual or	SEP 14

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

1

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Phil A. D'Aniello
	1325 West Colonial Drive
	Orlando, FL 32804
MGR	William W. Cole, Jr.
	135 N. Knowles Ave
	Winter Park, FL 32789
MGR	Adam Cole
	520 E. Lake Sue Ave
	Winter Park, FL 32789
	
(If an effective date is listed, the date muthe date of filing.) Note: If the date inserted in this block do the document's effective date on the Department.	the date of filing: September 14, 2021 (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 days after ses not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
	of a member or an authorized representative of a member.
This document i	s executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that a constitutes a thir	iny false information submitted in a document to the Department of State d degree felony as provided for in s.817.155, F.S.
Phil A. D	'Aniello
	Typed or printed name of signee

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)