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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com



ORDER FORM

TO Florida Department of State

FROM

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

850.656.7953

Melissa Moreau

corphelp@dos.myflorida.com

850-245-6051

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REOUEST DA	TE] 10/22/2021	PRIORITY Regular Approval	OUR REF_#_(Order_ID#) 961893

ORDER ENTITY 1303 BRACK LLC

PLEASE PERFORM THE FOLLOWING SERVICES	S:
1303 BRACK LLC (FL)	

New LLC filing

NOTES: \$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, October 22, 2021 Page 1 of 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	(Must contain the words "Limited Li	ibility Company, "L.L.C	C.," or "LLC.")	
	II - Address: g address and street address of the principal off	ce of the Limited Liabil	lity Company is:	
Principal Office Address:			Mailing Address:	
	6107 Tarawood Drive	6107 Tarny	vood Drive	
		Orlando, FL. 32819		
ARTICLE (The Limite	Criando, Fl. 32819 HII - Registered Agent, Registered Office, & ed Liability Company cannot serve as its own R issiness entity with an active Florida registration.	Registered Agent's Signification of the second Agent. You m	gnature:	SEOKE)
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(CONTINUED)

Registered Agent's Signature (REQUIRED)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.	Title:	havined Mamber	Name and Address:	
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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-