C21000535107

(Requestor's Name)	
(Address)	000377911830
(City/State/Zip/Phone #)	
(Business Entity Name)	12/22/2101015006 **130.00
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	2810LC 22 PM 3: 5
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COVER LETTER

	New Filing Sec Division of Cor							
SUBJEC	***	n Services LLC						
SUDJEX		Name of I	imited Liab	ility Company		-		
The encl	osed Articles of	Organization and fee(s)	are submitte	d for filing.				
Please re	turn all correspo	ondence concerning this i	matter to the	following:				
	Jarrod H. Si	mith						
			Name c	of Person	•		_	
	De Galleon	Services LLC						
			Firm/C	ompany			_	
	318 Indian l	Litac Road						
			Ado	lress	· -			
	Vero Beach	, FL 32963					2	
	degalleonser	vices@gmail.com		nd Zip Code		j	2 19 1 DE.C	
	I	E-mail address; (to be use	ed for future	annual report notificat	ion)	· ·	_2 ₂ .	
For further	information co	ncerning this matter, plea	ise call:			*	P	
	Jarrod Smith	n Lit (772	480 - 4297		1	PH 3:51	<u> </u>
	Nam			Daytime Telephon		2+		
Enclosed	is a check for th	he following amount:						
□\$125.0	00 Filing Fee	S130.00 Filing Fee Certificate of Status	Certi	55,00 Filing Fee & fied Copy nal copy is enclosed)	El\$160.00 Certificate Certified C (additional c	of Status Jopy	Ŀ	
	New F Divisio	eg Address iling Section on of Corporations ox 6327		Street Address New Filing Section D The Centre of Tallah: 2415 N. Monroe Stre	assee			

Tallahassee, FL 32303

Tallahassee, FL 32314

$ARTICLES\,OF\,ORGANIZATION\,FOR\,FLORIDA\,LIMITED\,LIABILITY\,COMPANY$

ARTICLE 1 - Name: The name of the Limited Liability C	ompany is:				
De Galleon Services L		Liability Company	'L.L.C.," or "LLC.")		
	me words 1.mmed	maonity Company.	Lillion of Elici, f		
ARTICLE II - Address: The mailing address and street addre	ss of the principal c	office of the Limited	Liability Company is:		
<u>Principal C</u>	Office Address:		<u>Mailing Addr</u>	<u>ress</u> :	
Jarrod Smith		Jarro	d Smith		
318 Indian Lilac Road	<u>-</u>		ndian Lilac Road		
Vero Beach, FL 32963		Vero	Beach, FL 32963		
The name and the Florida street add	ess of the registered	d agent are:			
	18 Indian Lilac Ro				
I	Florida street addres	ss (P.O. Box <u>NOT</u> ac	ceptable)		
<u>V</u>	ero Beach	Florida	32963		
	City	State	Zip		
Having been named as registered agenolace designated in this certificate. I he further agree to comply with the provision familiar with and accept the obligation	reby accept the appions of all statutes r	naintment as registere clating to the proper as registered agent a	d agent and agree to act . and complete performan	in this capaci wof my dutie	ty. T
	3	_			S
		(CONTINUED)			1 820 22
				D 300	PH 3: 5

ARTICLE IV-

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/AMBR	Jarrod H Smith 318 Indian Lilac Road Vero Beach, FL 32963
(Use attachment if necessary)	
(If an effective date is listed, the date must b the date of filing.)	e date of filing: 01/01/2022 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed a nent of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	h. Frank
Signature of	a member or an authorized representative of a member.
This document is e. I am aware that any	xecuted 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.
<u>Jarrod H Sr</u>	Typed or printed name of signee
	Filing Fees:
\$125.00 Filing Fee for Articles o \$-30.00 Certified Copy (Option	d Organization and Designation of Registered Agent
S 5.00 Certificate of Status (O)	