1/3/22, 10:56 AM

Division of Corporations Electronic Filing Cover Sheet

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.

(((H22000001025 3)))



H220000010253ABCM

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 : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number

: (855)330-1010

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

$C_{\mathcal{F}}$	
<u> </u>	

Email	Address:			
-------	----------	--	--	--

FLORIDA LIMITED LIABILITY CO.

Expeditious Arrivals LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	ty Company is:		
The hathe of the Limited Liabiti	ty Company is.		
Expeditious Arri	vals LLC		
(Must cont	ain the words "Limited"	Liability Compan	y, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Limit	ed Liability Company is:
Princip	al Office Address:		Mailing Address:
7901 4th St N S	TE 8233		901 4th St N STE 8233
St. Petersburg	FL 33702	<u>S</u> 1	: Petersburg FL 33702
another business entity with an a	~	l agent are:	
		Name	
	7901_4th ST N STE		
	Florida street addres	s (P.O. Box <u>NOT</u>	acceptable)
	St. Petersburg, FL 33	702	
	City	State	Zip
place designated in this certificate further agree to comply with the p	, I hereby accept the app rovisions of all statutes re bligations of my position	ointment as regist elating to the prop as registered agei	the above stated limited liability company at the ered agent and agree to act in this capacity. I per and complete performance of my duties, and I at as provided for in Chapter 605, F.S
	Kegisi	erea Agent s Sigi	nature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title;	Name and Address:
"AMBR" = Authorized Mem	ber
"MGR" = Manager	Donaigha 1.ff
AMBR	DONEISHA JENEISON
	Doneisha Jefferson 13300 Atlantic Blvd Apt 1112 JACKSONVILLE FL 32225
AMBR	Marco Rodriguez
MAIDIX	13300 Atlantic Blvd Apt 1112
	JACKSONVILLE FL 32225
	~
	77
	÷
(Use attachment if necessary)	,
	han the date of filing: (OPTIONAL)
f an effective date is listed, the date e date of filing.)	must be specific and cannot be more than five business days prior to or 90 days after k does not meet the applicable statutory filing requirements, this date will not be listed a Department of State's records.
REQUIRED SIGNATURE	:
	<u> </u>
This docume I am aware th	ure of a member or an authorized representative of a member. ent is executed in accordance with section 605.0203 (1) (b), Florida Statutes, nat any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.
Mo	rgan Noble
	Typed or printed name of signee

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)