L22000005628

| (Reque st or'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: |
| |
| |
| |
| |

Office Use Only



500378379325

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 01/06/2022 | | **WALK IN* |
|------------------|--|-------------|
| ENTITY NAME Plai | ntation 9954 | |
| DOCUMENT NUMB | ER | |
| | **PLEASE FILE THE ATTACHED AND RETURN** | |
| xxxxx | Plain Copy | |
| | Certified Copy | |
| | Certificate of Status | |
| | **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY | ** |
| | Certified Copy of Arts & Amendments | |
| | Certificate of Good Standing | |
| | **APOSTILLE' / NOTARIAL CERTIFICATION** | |
| COUNTRY OF DEST | INATION | |
| NUMBED DE CEDTA | FICATES REQUESTED | |

ACCOUNT #: I20160000072

E 87H

TOTAL OWED $$^{$125}$

COVER LETTER

| | | CC | DARK PELLEK | |
|-------------|---------------------------------|--|---|---|
| TO: | New Filing Se Division of Co | | | |
| SUBJEC | | 9954 LLC | | |
| | ··· | Name of Li | mited Liability Company | |
| The encl | osed Articles o | f Organization and fee(s) a | re submitted for filing. | |
| Please re | turn all corresp | ondence concerning this m | atter to the following: | |
| | Ekaterina K | (hramova | | |
| | | <u> </u> | Name of Person | |
| | Plantation 9 | 954 LLC | | |
| | | | Firm/Company | |
| | 9954 NW 6 | th PL | | |
| | | | Address | ······ |
| | Plantation, | FL 33324 | | |
| | | | City/State and Zip Code | · |
| | 27kx27@gm | nil.com | | |
| | , | E-mail address: (to be used | for future annual report notificat | tion) |
| For further | information co | ncerning this matter, please | e call: | |
| | URS Agents | ATTN K. Bishop 80 | 90 567-4397) | |
| | Nam | e of Person A | rea Code Daytime Telephor | ne Number |
| Enclosed | is a check for t | he following amount: | | |
| ≣\$125.0 | 0 Filing Fee | □\$130.00 Fiting Fee & Certificate of Status | □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | □\$160.00 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

Street Address
New Filing Section Division
The Centre of Tallahassec
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liabi | lity Company is: | | | | |
|--|--------------------------|------------------------|---|----------------------------------|------------|
| Plantation 9954 LL | <u>C</u> | | | | |
| (Must cor | tain the words "Limited | l Liability Compan | y, "L.L.C.," or "LLC.") | | |
| ARTICLE II - Address; | | | | | |
| The mailing address and street | address of the principal | office of the Limit | ed Liability Company is: | | |
| Princi | nal Office Address: | | Mailing Addres | <u>is</u> : | |
| 9954 NW 6th PI | | 99 | 54 NW 6th Pl | | |
| Plantation, FL 3332 | 4 | Pla | antation, FL 33324 | | |
| ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an | y cannot serve as its ow | n Registered Agent | ent's Signature: . You must designate an indiv | vidual or | |
| The name and the Florida street | address of the registere | d agent are: | | 2022 JAN - SECREGAR TALLAH | |
| | URS Agents, LLC | | | F8 5 ** | Π |
| | | Name | | | = 5 |
| | 3458 Lakeshore Dri | vc | | AS\$ 6 | |
| | Plorida street addres | s (P.O. Box <u>NOT</u> | acceptable) | တို့ကို 🏊 👖 | 11 |
| | Tallahassee | FL | 32312 | AMIO: 4: SEE, FL | J |
| | City | State | Zip | - 12 년 5 | |

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..

Kanetha Bishop

(CONTINUED)

| サストオウカリニ ス・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・ | Name and Address: |
|---|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| MGR | Ekaterina Khramova |
| | 3573 Birch Ter |
| | Davie, FL 33330 |
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| V: Effective date, if other than the detication of the date is listed, the date must be | ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9 |
| clive date is listed, the date must be filling.) | specific and cannot be more than five business days prior to or 9 It meet the applicable statutory filing requirements, this date will be |
| V: Effective date, if other than the distinct date is listed, the date must be filling.) he date inserted in this block does no ent's effective date on the Department. VI: Other provisions, if any. | specific and cannot be more than five business days prior to or 9 at meet the applicable statutory filing requirements, this date will not of State's records. |
| V: Effective date, if other than the distive date is listed, the date must be filing.) he date inserted in this block does no ent's effective date on the Department. VI: Other provisions, if any. | specific and cannot be more than five business days prior to or 9 of meet the applicable statutory filing requirements, this date will not not of State's records. |
| V: Effective date, if other than the di- tive date is listed, the date must be filing.) ne date inserted in this block does no ent's effective date on the Departme. VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a r This document is exect I am aware that any fal | specific and cannot be more than five business days prior to or 9 at meet the applicable statutory filing requirements, this date will not of State's records. |
| V: Effective date, if other than the ditive date is listed, the date must be filing.) ne date inserted in this block does no ent's effective date on the Departme. VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a rather document is exect any aware that any fallows. | apecific and cannot be more than five business days prior to or 9 at meet the applicable statutory filing requirements, this date will not not of State's records. The member of an authorized representative of a member actually in accordance with section 605.0203 (1) (b), Florida Statutes, is information submitted in a document to the Department of State aree felony as provided for in s.817.155, F.S. |

\$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-