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| (Requestor's Name) |
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| (Address) |
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| (Addiess) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| , , |
| (Decument Number) |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| operation to thing officer. |
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Office Use Only



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2022 JAN -3 AM 10: 29 SI'ORETARY OF STATE

COVER LETTER

| то: | New Filing Sec Division of Co | | | | | |
|-----------|----------------------------------|---|---|--|--|--|
| SUBJI | | pections LLC. | | | | |
| 20031 | | Name of Limited Liability Company | | | | |
| The en | elosed Articles of | f Organization and fee(s) are submitted for filing. | | | | |
| Please | return all correspo | ondence concerning this matter to the following: | | | | |
| | Steven Mart | tin | | | | |
| | | Name of Person | - | | | |
| | Steven Mart | tin | | | | |
| | | Firm/Company | - | | | |
| | 171 Rainbow Dr #7165 | | | | | |
| | | Address | - | | | |
| | Livingston T | ΓΧ 77399 | | | | |
| | ~ | City/State and Zip Code | - | | | |
| | Smartin@lade | | - | | | |
| | | E-mail address: (to be used for future annual report notification) | | | | |
| For furth | ner information co | oncerning this matter, please call: | | | | |
| | Steven Marti | in 270 5196690 at() | | | | |
| | Nam | ne of Person Area Code Daytime Telephone Number | | | | |
| Enclos | ed is a check for t | the following amount: | | | | |
| □\$12. | 5.00 Filing Fee | ■\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | Ł | | | |

Mailing Address

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 JAN -3 AM IO: 29

SECRETARY OF STATE TALLAHASSEE, FL

| (Must contain | the words "Limited Lightlity Company "L. L. C. " or "L. C.") |
|---------------|--|
| (Must contain | the words "Limited Liability Company, "L.L.C.," or "LLC.") |

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | | | Mailing Address: | | |
|--|---|----------------------------|--|--|--|
| 4602 County rd 673 #7165 | | | 71 Rainbow Dr #7165 | | |
| Bushnell FL 33513 | | | Livingston Tx 77399 | | |
| ARTICLE III - Registered Age (The Limited Liability Company of another business entity with an ac The name and the Florida street a | cannot serve as its ow ctive Florida registrat | m Registered Ager ion.) | gent's Signature: nt. You must designate an individual or | | |
| 4602 County Rd 673 #7165 | | | | | |
| | Florida street address (P.O. Box NOT acceptable) | | | | |
| | Bushnell | FL | 77399 | | |
| | City | State | Zip | | |

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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|---|-------|----|-----|-------|
| А | RT | CI | ır. | 1 Y - |

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

| Title: "AMBR" = Authorized Member | Name and Address: |
|---|--|
| "MGR" = Manager <u>MGR</u> | Steven Marin 4602 county rd 673 #7165 Bushnell FL 33513 |
| | |
| | 2022 J |
| | ZOZZ JAN -3 A |
| (Use attachment if necessary) | 6 filing: 01/01/2022 (OPTIONAL) 29 |
| (If an effective date is listed, the date must be speci the date of filing.) | ific and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed as |
| ARTICLE VI: Other provisions, if any. | |
| REQUIRED SIGNATURE: | in mula |
| Signature of a mem | ther 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.

STEVEN MARTIN

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)