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SECRETARY OF STATE TALLAHASSEE, FL

TALL ASSESSMENT ASSESSMENT

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## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Candace Puly Real Estate Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cardace Pilly
Name of Person
·
Firm/Company
2364 Hatten Smith Land
Tallahussel, Fr. 32303 Candace - rilly Coll votmant, Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Candace Relly (850), 379-8789  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐\$125.00 Filing Fee ☐\$130.00 Filing Fee & ☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  ☐\$160.00 Filing Fee, Certified Copy (certified Copy (additional copy is enclosed)
Mailing Address New Filing Section New Filing Section Division

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division
The Centre of Tallahassee
2415 N. Momoe Street, Suite \$10
Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

(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:  Mailing Address:  Mailing Address:	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:	
The name and the Florida street address of the registered agent are:  ANALL BLU  Name  2364 Hatter Smith Law  866	
Florida street address (P.O. Box SOT acceptable)  City State Zip	,
duving been named as registered agent and to accept service of process for the above stated limited liability company at the blace designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I wither 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 ny position as registered agent as provided for in Chapter 605, F.S.,

(CONTINUED)

## ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company; Name and Address: Tide. "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after 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 listed as 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 607.0203 (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.

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)