L22000040322

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(,,,				
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2022 FEB -4 AM 10: 35

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COVER LETTER . . .

то:	New Filing Sec Division of Co				
SUBJEC	Exceptions	1 New Beginnings, LLC			
BODGE		Name of Lim	iited Liabil	ity Company	
The encl	osed Articles of	Organization and fee(s) are	submitted	l for filing.	
Please re	turn all correspo	ondence concerning this ma	tter to the	following:	
	Jasmine Jone	es .			
	_		Name of	Person	
	Exceptional	New Beginnings LLC			
			Firm/Co	ompany	
	5771 Stewar	1 Street			
			Addı	ress	
	Milton, FL 3	2570			
			•	nd Zip Code	
		wbeginnings@outlook.con E-mail address: (to be used		annual report notificati	on)
For furthe		ncerning this matter, please		,	,
	Jasmine Jone		0	712-2393	
	Nam			Daytime Telephone	
Enclosed	l is a check for t	he following amount:			
	00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	Certif	i5.00 Filing Fee & ied Copy ial copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division P.O. B	ig Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230.	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA	FOR FLORIDA LIMITED LIABILITY COMPANY		ED ,
ARTICLE I - Name:		FIL SECRETARY	OF STATE
The name of the Limited Liability Company is:		2022 FEB -4	
Exceptional New Beginnings LLC			
(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	e Limited Liability Company is:		
Principal Office Address:	Mailing Add	ress:	
5771 Stewart Street	5771 Stewart Street		
Milton, FL 32570	Milton, FL 32570		

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:

Name

5771 Stewart Street

Florida street address (P.O. Box NOT acceptable)

Milton FL 32570

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 (REQUIREI

(CONTINUED)

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	
CEO/MGR/AMBR	Jasmine Jones 5771 Stewart Street Milton, FL 32570
	2022 FEB
	72 →
	STATE STATE STATE
(Use attachment if necessary)	
f an effective date is listed, the date must be sp se date of filing.)	e of filing: (OPTIONAL) becific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as of State's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	mu / see
Signature of a mo This document is execu I am aware that any falso	ember or an authorized representative of a member. ated in accordance with section 605.0203 (1) (b), Florida Statutes, it information submitted in a document to the Department of State it felony as provided for in s.817.155, F.S.
Jasmine Jones	
<u> </u>	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)