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COVER LETTER

	New Filing Se Division of Co						
SUBJEC	TT.	pantings LLC					
002020		Na	me of Lir	nited Liabi	lity Company		
The enclo	osed Articles of	Organization and	l fee(s) ar	e submitted	I for filing.		
Please ret	um all corresp	ondence concerni	ng this m	atter to the	following:		
	Sandra Sant	os					
				Name of	Person		
	the james pa	entings LLC					
				Firm/Co	ompany		·
	2324 E. 112	th Ave					
			-	Addı	ress'		
	Tampa, FL	33612		4			
		•••	C	City/State ar	ıd Zip Code		
		7@gmail.com E-mail address: (t	o be used		annual report notificat		
For further		ncerning this mat				;	
	Sandra Santo	os	8 at (13	534-9644	•	
	Nam	e of Person		rea Code	Daytime Telephor	ie Number	
Enclosed	is a check for t	he following amo	unt:				
Ø\$125.0	0 Filing Fee	□\$130.00 Fili Certificate of \$		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Certificate Certified Co (additional co	of Status &
	New F Divisio	ng Address illing Section on of Corporation lox 6327	s		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre	assee	2022 J

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Liability Company is:		
the james pan			
(Mt	ust conatin the words "Limited	I Liability Company,	"L.L.C.," or "LLC.")
FICLE II - Address:	<u>'</u>		
mailing address and	street address of the principal	office of the Limited	Liability Company is:
Ī	Principal Office Address:		Mailing Address:
2324 E. 112th	ı Ave	232	4 E. 112th Ave
Tampa, FL 33			npa, FL 33612
	a street address of the registere Sandra Santos		
-	Salitia Salitos	Name	
	2324 E. 112th Ave	ess (P.O. Box NOT a	ocentuble)
	Florida street addre	ss (P.O. Dox <u>SOT</u> a	ссерционе)
·	Tampa	FL	33612
	City	State	Zip
v been named as revi	stered agent and to accept seri	vice of process for the	e above stated limited liability company o
designated in this cert r agree to comply with	tificate, I hereby accept the app th the provisions of all statutes in the obligations of my position	pointment as register relating to the proper n as registered agent	ed agent and agree to act in this capacit r and complete performance of my duties as provided for in Chapter 605, F.S.
designated in this cert r agree to comply with	tificate, I hereby accept the app th the provisions of all statutes in the obligations of my position	pointment as register relating to the proper	ed agent and agree to act in this capacit r and complete performance of my duties as provided for in Chapter 605, F.S.
designated in this cert r agree to comply with miliar with and accept	tificate, I hereby accept the app th the provisions of all statutes in the obligations of my position	pointment as register relating to the proper n as registered agent	ed agent and agree to act in this capacit r and complete performance of my duties as provided for in Chapter 605, F.S.
designated in this cert r agree to comply with miliar with and accept	tificate, I hereby accept the app th the provisions of all statutes in the obligations of my position	pointment as register relating to the proper n as registered agent was registered agent stered Agent's Signat	

ARTICLE IV-

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

<u> </u>	rized Member		
"MGR" = Manage			
AMBR		Sandra Santos	
ANDR		2324 E. 112th Ave	····
		Tampa, FL 33612	
AMBR	·	Mike Santos	
		2324 E. 112th Ave	
		Tampa, FL 33612	
			
	-,		· · · · · · · · · · · · · · · · · · ·
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V: Effective date tive date is listed filing.)	e, if other than the date , the date must be sp	e of filing: (OP) secific and cannot be more than five business days meet the applicable statutory filing requirements, the	s prior to or 90
V: Effective date ctive date is listed. filing.) he date inserted in lent's effective date	e, if other than the date the date must be sp this block does not r te on the Department	need the applicable statutory filing requirements, the	s prior to or 90
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ctive date is listed. I filing.) the date inserted in tent's effective date. VI: Other provision. REQUIRED SIGN. Thi	this block does not reconstitute on the Department ons, if any. NATURE: Signature of a measure	meet the applicable statutory filing requirements, the of State's records. The state of a memory of the statutory filing requirements and the statutory filing requirements are statutory filing requirements, the of State of Stat	s prior to or 90 his date will not his date will not her. orida Statutes.
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