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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
	
Special Instructions to Fi	ling Officer:

Office Use Only



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SECRETARY OF STATE OF

2022 FEB 14 PH 4: 48

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: The School School Subject: 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:
April Wit Name of Person
Firm/Company
1448 Balkin Road Address
TCIIchcsscc, Fl 37305 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
April Wit at (830) 510-971 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status (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 Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 FEB 14 PM 4: 50 +

(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:

Balkin Road

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:

April Wix

1448 Balkin Road
Florida street address (P.O. Box NOT acceptable)

Tallchessee, Fl 33300

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)

ARTICLE IV-

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	April Wit 1418 Balkin Road Tallahasser, Fl 80305
MOR	Lec Wix 1448 Baikin Road Tollohaser Fi 33805
	SECRETARY 2022 FEB 14
(Use attachment if necessary)	PM 4: 50
he date of filing.)	e specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed
<u>REOUIRED</u> SIGNATURE:	Λ -
This document is ex- I am aware that any t	member or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. Typed or printed name of signee

as

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 (Cont.)

- \$ 5.00 Certificate of Status (Optional)