12200061523

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

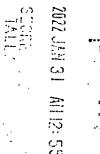
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2/16/12



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:		
1071 Dixie Belle De 2071 Dixie Belle De 11014 L. CHEVILLO FI 32812		
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:		
Selena Habrish		
Florida street address (P.O. Box NOT acceptable)		
Octobra FL 32812 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		

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
Mercyst	Ishmel Tutalico
	_
(Use attachment if necessary)	
	te of filing: 17/0171 1st 2022 . (OPTIONAL)
(If an effective date is listed, the date must be sthe date of filing.)	specific 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
ARTICLE VI: Other provisions, if any.	. 0. 0.1.0 2.1000.00
REOUIRED SIGNATURE:	
	Mitbula
Signature of a r This document is exect I am aware that any fa	nember or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. lse information submitted in a document to the Department of State ree 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)

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

ARTICLE IV-

122 JAH 31 AH 12: 51