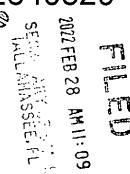
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	(Requestor's Name)
	(Address)
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	(Crty/State/Zip/Phone #)
	(Only) Otates Elpri-Holle #)
PICK-UP	WAIT MAIL
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	(Business Entity Name)
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<u></u> -	(Document Number)
Certified Copies	Certificates of Status
ocitines copies	
Special Instructions to	Filing Officer:
Opecial instructions (C	Trining Officer.





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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Talental Hand	22 LLC ted Liability Company	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this mate	ter to the following:	
Devrick Byrd	Name of Person	
	Firm/Company	
78 A Fr	whe Lane	
	Address	
monticello / FL/	32344	
PSONAP 97 PM	ity/State and Zip Code O-O-O for future annual report notification	on)
For further information concerning this matter, please	e call:	•
Devrich Byrd at (2) Name of Person A	322-203 rea Code Daytime Telephone	
Enclosed is a check for the following amount:		<i>_</i>
□\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Straat Address	

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 \$10 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:					
Talente (Must cont	ain the words "Limited Lia	ability Company,	L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street a	ddress of the principal offi	ce of the Limited	Liability Company is:			
Princip	al Office Address:		Mailing Add	ress:		
78 A Fre	ame Lane	<u> </u>	s A Francices are montices 2344	P. 10 FC.		
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	y cannot serve as its own R active Florida registration.	egistered Agent.	it's Signature: You must designate an ir	ndividual or SECKI.	2022 FEB	
	Devrich	Byrol			28	
		Name		S	-	I
	78 A frai			ر. ريا	AM 11: 09	
	Florida street address	(P.O. Box <u>NOT</u> a	cceptable)	元	<i>></i> 0	
	monticallo	FL	32399		, 🗷	
	City	State	Zip	١		
Having been named as registered place designated in this certificate further agree to comply with the L	e. I bereby accept the appo	intment as regisiei	еа ауептапа аугее то ас	it in this cupacity.		

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = A "MGR" = M:	authorized Member mager	Name and Address:
		
		
		_
	= 	
EV: Effecti fective date is	s listed, the date must be	Hate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
LE V: Effective date is of filing.) If the date insomment's effective transfer or the control of	ve date, if other than the constitute of listed, the date must be certed in this block does notice date on the Departm	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
LE V: Effective date is of filing.) If the date insoment's effective the control of the control	ve date, if other than the of listed, the date must be erted in this block does notive date on the Departm provisions, if any.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not sent of State's records.
LE V: Effective date is of filing.) If the date insument's effect. E V1: Other	ve date, if other than the of listed, the date must be erted in this block does notive date on the Department provisions, if any.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not sent of State's records.
E V: Effective date is of filing.) If the date insoment's effect. E VI: Other	ve date, if other than the consisted, the date must be erted in this block does notive date on the Department provisions, if any. D SIGNATURE:	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not sent of State's records.
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E V: Effective date is of filing.) If the date insoment's effect. E VI: Other	ve date, if other than the constitutes a third deconstitutes a thi	a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State
E V: Effective date is of filing.) If the date insomment's effective date insomment's effective view of the control of the con	ve date, if other than the constituted, the date must be certed in this block does notive date on the Departm provisions, if any. Designature of This document is end any constitutes a third designation.	a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.