| (Requestor's Name) | |
|---|----------------------------|
| (Address) (Address) | 400383726094 |
| (City/State/Zip/Phone #) | 03/16/2201003006 **160.00 |
| (Document Number) rtified Copies Certificates of Status | F 2022 HAR 16 AH 10: 20 |
| Office Use Only | THE LANASSEE, FL |

11. 3/10/2

COVER LETTER

TO: New Filing Section **Division of Corporations**

onvenier LLC SUBJECT: Name of Limited Liability Compan

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



<u>Convenience King LLC @ qmail. (om</u> E-mail address: (to be used for future annual report nolification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

S130.00 Filing Fee & Certificate of Status □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) X\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address</u> 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

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ARTICLE I - Name:

The name of the Limited Liability Company is:

ALLAHASSEE, FL (Must contain the words "Limited Liability Company, "L.L.C." or "L.L.C."

ARTICLE H - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | Mailing Address: | |
|---------------------------|-------------------|--|
| 125 N KINGSAVE | 125 N Kings Ave | |
| Branden, FL 33510 | Brandon, FL 33510 | |

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:



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.

(Inthury ... Écorno Régistered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

.'

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

| <u>Title:</u> | Name and Address: | | | |
|---|-------------------|---------------|----------|-------|
| "AMBR" = Authorized Member "MGR" = Manager <u>Monager</u> | Anthony C Piceino | | | |
| | Brendon, FC 33310 | | | |
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ________. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

| REOUIR | Anthony C. Jonano |
|--------|--|
| | Signature of a member or an authorized representative of a member. |
| | This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes |
| | I am aware that any false information submitted in a document to the Department of State |
| | constitutes a third degree felony as provided for in s.817.155, F.S. |
| | <u>Anithony</u> <u>Picerno</u> Typed or printed name of signee |
| | Typed or grinted name of signee |

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- S 30.00 Certified Copy (Optional)
- **S** 5.00 Certificate of Status (Optional)