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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ac | ldress) | |
| (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE FALLAHASSEE, FLORIOA

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COVER LETTER

| iling Section in of Corporations | |
|---|--|
| <u>-</u> | Sar Vice 5 LLC of Limited Liability Company |
| ticles of Organization and fee(| s) are submitted for filing. |
| correspondence concerning th | is matter to the following: |
| Charl | es Rylan Van Cura |
| | Name of Person |
| | |
| | Firm/Company |
| 172 | O Tiger Lake Rd. |
| | Address |
| Lake Wa | les, FL, 33898 |
| , C | City/State and Zip Code |
| E-mail address: (to be | used for future annual report notification) |
| | • |
| | |
| harles Vanlura | u (<u>863)</u> 289-3893 |
| Name of Person | Area Code Daytime Telephone Number |
| eck for the following amount: | |
| ng Fee □\$130,00 Filing F Certificate of Statu | |
| Mailing Address New Filing Section | Street Address New Filing Section Division |
| | Lake Warren Charles Char |

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

| The name of the Limited Liability Company is: | | | | |
|---|----|---------|-----|--|
| CD11 | j. | (, \ , | 116 | |

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE 1 - Name:

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

| Principal Office Address: | Mailing Address: |
|---------------------------|----------------------|
| 1720 Tiger Lake Rd. | 1720 Tiger Lake rd. |
| Lake Wales FL, 33090 | Lake Wales FL, 33198 |

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:

| Charles | | Vandira |
|---------------------------|----------|-----------------|
| , | lame | |
| 1720 Tiger | lake | Rd. |
| Florida street address (I | P,O. Box | NOT acceptable) |
| Lake water | FL | 33898 |
| 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..

Charles Vantura

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

| "AMBR" = Authorized Member | | |
|--|--|--------------------|
| | | |
| "MCR" = Manager | | |
| AMBR | Charles Vantura, 1720 Tigar Lake Rd. Lake Water Ft. | |
| | 338d8 | |
| | | |
| AMBR | Morann Monre Tiger Lake Pd. | |
| | Morgan Moore Tiger Lake Rd. | |
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| (Use attachment if necessary) | | |
| FICLE V: Effective date, if other than the | date of filing: | |
| nn effective date is listed, the date must b | date of filing: | days aft |
| in effective date is listed, the date must be date date date.) | pe specific and cannot be more than five business days prior to or 90 | |
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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)