Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone

Fax Number : (855)330-1010

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FLORIDA LIMITED LIABILITY CO.

ACK Business Development LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liabilit	y Company is:					
	evelopment LLC					
(Must cont	ain the words "Limited Lial	bility Company,	'L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street a	ddress of the principal offic	ce of the Limited	Liability Company is:			
<u>Princip</u>	al Office Address:		Mailing Address:			
7901 4th St N S	TE 300	552.	<u>Palm Dr</u>		2022	
St. Petersburg	FL 33702	Ha	landale Beach FL 3300	<u>09 5</u> 2	2022 MAR 23	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own Re	gistered Agent. \	t's Signature: You must designate an individu	ASSEC. FL	줖	
The name and the Florida street			ည် ထိ	``		
	Registered Agents	Inc.		D''	Ω,	
	N	lame				
	7901 4th St N STI	E 300				
	Florida street address (F	P.O. Box <u>NOT</u> ac	cceptable)			
	St. Petersburg	FL	33702			
	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

*MGR" = Manager AMBR Augusto Takahiro Kiramoto 7901 4th St N STE 300 St. Petersburg FL 33702 AMBR Cristina Ishii Kiramoto 7901 4th St.N.STE 300. St. Petersburg FL 33702 (Use attachment if necessary) (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not lument's effective date on the Department of State's records.	Title:	Name and Address:
AMBR Augusto Takahiro Kiramoto 7901 4th St N STE 300 St. Petersburg FL 33702 AMBR Cristina Ishii Kiramoto 7901 4th St N STE 300. St. Petersburg FL 33702 Cristina Ishii Kiramoto 7901 4th St N STE 300. St. Petersburg FL 33702 (Use attachment if necessary) Lev: Effective date, if other than the date of filing: (OPTIONAL) ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 or of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not lument's effective date on the Department of State's records. ILE VI: Other provisions, if any. REOURED SIGNATURE: Riley Park 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.	"AMBR" = Authorized Member "MGR" = Manager	
AMBR Cristina Ishii Kiramoto 7901 4th St.N.STE 300 St. Petersburg FL 33702 Cristina Ishii Kiramoto 7901 4th St.N.STE 300 St. Petersburg FL 33702 (Use attachment if necessary) CLEV: Effective date, if other than the date of filing:	•	Augusto Takahiro Kiramoto
AMBR Cristina Ishii Kiramoto 7901 4th St.N. STE 300. SI. Petersburg FL 33702 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) (Get filing.) If the date is listed, the date must be specific and cannot be more than five business days prior to or 90 or of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be coment's effective date on the Department of State's records. CLE VI: Other provisions, if any. REOURED SIGNATURE: Riley Park 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.		7901 4th St N STE 300
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)