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COVER LETTER

TO:

New Filing Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations
SUBJECT: Danielle J Edwards, LLC Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Danielle J Edwards
rune of runon
Firm/Company
3148 DICK WILSON Blue Apt 1318
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Street Address New Filing Section Division

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	2022 MAR 28	AM 10: 54
The name of the Limited Liability Company is:	0 50005	* * * * * * * * *
Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	CIALLANAS	SEE.FL
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address: Mailing Addr	ress:	
3148 DICK WISON Bludget 1315 SAme.		
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 in another business entity with an active Florida registration.)	dividual or	
The name and the Florida street address of the registered agent are: Danielle Loward Name		
3148 Dick Wilson Blood #1318 Florida street address (P.O. Box NOT acceptable)	7	
Tahassee FC 32.301		
City State Zip		
Having been named as registered agent and to accept service of process for the above stated limited liab place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in the agree to comply with the provisions of all statutes relating to the proper and complete performant at the first performance of a service	t in this capacity. I uce of my duties, and	

(CONTINUED)

ARTICLE IV- The name and address of e	each person authorized to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Me	Name and Address: ember
"MGR" = Manager AmBry M	GIR Danielle Edward.
	Faratta Tallahasse, FL 3230
	2022 HAR
(Use attachment if necessor	
If an effective date is listed, the da	er than the date of filing:
the document's effective date on the	ne Department of State's records.
ARTICLE VI: Other provisions, if:	any. Dlease ineluded the following
REQUIRED SIGNATU	RE:
	1000
This doc	gnature of a member or an authorized sepresentative of a member, ument is executed in accordance with section 605.0203 (1) (b), Florida Statutes, are that any false information submitted in a document to the Department of State es a third degree felony as provided for in s.817.155, F.S.
1	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)