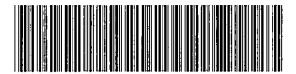
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(only/orate/2.jp// mone in)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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FALLAHASSEE, FLORI

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FILED
2022 APR -4 AM 10: 27

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 04/04/2022	-				₩WALK	IN⇔
ENTITY NAME 77 Hole	dings, LLC					_,
ENTITE NAME						
DOCUMENT NUMBER_						
	**PLEASE FILE TI	HE ATTACHI	ED AND RETURN	**		
xxxxx	Plain Copy					
	Certified Copy					
	Certificate of Status					
7	PLEASE OBTAIN THE I	·		ENTTTY		
	Certified Copy of Art		ts			
	Certificate of Good St	tanding				
	APOSTILLE' / I	NOTARIAL	CERTIFICATION	y		
COUNTRY OF DESTINAT	TION					
NUMBER OF CERTIFICA	TES REQUESTED					
TOTAL OWED \$125			ACCOUNT #: I	20160000072	2	
			5 R	THO		
Please call Tina at th	he above number for	any issues		•	much!	

COVER LETTER

	New Filing Section Division of Corporations	
SUBJEC.	77 Holdings, LLC	
SOUSEC		Limited Liability Company
The enclo	sed Articles of Organization and fee(s)	are submitted for filing.
Please ret	um all correspondence concerning this	matter to the following:
	Justin Fitzhugh	
		Name of Person
	77 Holdings, LLC	
		Firm/Company
	7185 Colfax Ave Ste 100	
		Address
	Cumming, GA 30040	
	fitzhughmail@gmail.com	City/State and Zip Code
	E-mail address: (to be us	ed for future annual report notification)
For further i	nformation concerning this matter, ple	ase call:
	Georgina Vega	800 567-4397
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:	
\$125.00 Fi	ling Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:			rileD		
	-,p,			2022 APR -4	AM IO: 27
77 Holdings, LLC					
(Must cont	ain the words "Limited	d Liability Con	npany, "L.L.C.," or "LLC.")	SEUNE IMRY TALLAHAS	OF STATE SEE, FI
ARTICLE II - Address: The mailing address and street a	ddress of the principal	office of the L	imited Liability Company is:		•
<u>Princip</u>	al Office Address:		Mailing Ad	dress:	
7185 Colfax Ave Ste	100		7185 Colfax Ave Ste 100		
Cumming, GA 3004)		Cumming, GA 30040		
nother business entity with an a	_	d agent are:			
	UKS AGENTS, LLC	Name			
	3458 Lakeshore Drv	⁄e			
	Florida street addres	ss (P.O. Box 🖊	OT acceptable)		
	Tallahassee	FL	32312		
	City	State	Zip		
aving been named as registered a ace designated in this certificate,	-				

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..

Georgina Vega, Asst. Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager MGR MGR	7/85 COLFAX AVE STE 100 Cumm on 102 30040	
(Use attachment if necessary)		
he date of filing.)	nd cannot be more than five business days prior to or 90 de applicable statutory filing requirements, this date will not be	•
THE VI. Other provisions, it any.		
REOUIRED SIGNATURE:		
This document is executed in at I am aware that any false inform constitutes a third degree felony. Type:	or an authorized representative of a member. coordance with section 605.0203 (1) (b), Floride Statute Statute on submitted in a document to the Department of Statute as provided for in s.817.155, F.S. d or printed name of signec	
\$125.00 Filing Fee for Articles of Organizat \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)		-