## L22000145125

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Office Use Only

S. SHATHAM APR - 7,2022



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## COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Ted Ten Name of Li	mited Liability Company
The enclosed Articles of Organization and fee(s) a	
Please return all correspondence concerning this n	natter to the following:
	Marie of Person
· Car ho	Firm/Company
3147 SP	Pringhill RU Address
Tallahussee Moye	City/State and Zip Code  Lamon 12 a Yahou . Compased for future annual report notification)
For further information concerning this matter, pl	
Lamonto Moje a Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	73.75 CO OO FILLER FOR
□\$125.00 Filing Fee □\$130.00 Filing F Certificate of State	tee & S155 00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed)  (additional copy is enclosed)
	Street Address

Mailing Address

**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 \$10 Tallahassee, FL 32303

22 APR -7 AM 4: 22

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Musi contain the words "Limited Liability Co	Enterprise 2.1.C.
(Musi contain the words - Enimed Emorry) of	
ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address:
3197 SPRINGHIL Rd	3147 Springhill Kd
32305	323 <i>05</i>
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are	( Again Tournas des gasses
LGMontez Mi	
3/97 SPV. 19h.11 Florida street address (P.O. Bo	ox <u>NOT</u> acceptable)
TG/19455CC F-	
	cess for the above stated limited liability company at

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)

22 APR - 7 MM 4: 22
SECRETARY OF STATE
FALL AMASSES

Title: "AMBR" = Authorized Member  "AMBR" = Manager  "MGR" = Manager  "MGR	ARTICLE IV- The name and address of each person aut	thorized to manage and control the Limited Liability Company:
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date of filing: APLITED 2002 (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.)  Note: 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.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b). Florida Statute of a may are that any false information submitted in a document to the Department of State's recording the constitutes a third degree fellow) as provided for in s.817.155, F.S.  LAMONTA MAKE  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)	<u>Title:</u> "AMBR" = Authorized Member	
ARTICLE V: Effective date, if other than the date of filing: APCI 7th 2012 (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.)  Note: 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.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida State's lam aware that any false information submitted in a document to the Department of State's constitutes a third degree felony as provided for in s.817.155, F.S.  LAMONTE MOVE  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)	MGR" = Manager MGR" = Manager LCMONTCZ MOVE	3197 SPringhill Rd Taughassus Fl. 32305
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REQUIRED SIGNATURE:  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 Statutes constitutes a third degree felony as provided for in s.817.155, F.S.  Lamonta Mola  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)	(If an effective date is listed, the date indict be st the date of filing.)  Note: If the date inserted in this block does not	t meet the applicable statutory filing requirements, this date will not be listed as
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This document is executed in accordance with section 603.17 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
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	\$ 30.00 Certified Copy (Optiona	Filing Fees: Organization and Designation of Registered Agent

ARTICLE IV-