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TO: New Filing Section Division of Corporations

SUBJECT: Lewis Diese 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:

vinstor Name of Person Firm/Company 9510 CYDRESS Harba Glasmia City/State and Zip Code nichtech nuc Winchon. Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ť <u>ewis_at(216) 215-533(</u> vinston (Area Code Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

□S130.00 Filing Fee & Certificate of Status Centified Copy (additional copy is enclosed)

□\$160.00 Filing Fee, Certificate of Status & 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:



ARTICLE II - Address:

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



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:



Having been named as registered agent and to accept service of process for the above stated limited liability configure at dm place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. \P 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 q_1 registered agent has provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AmBA	Winston Lewis 9510 cypress fermer Dr. Gibsman FL-33534	
		HAR ANA
<u> </u>		
(Use attachment if necessary)		SIAIE

ARTICLE V: Effective date, if other than the date of filing: _______, (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.

REOUIRED	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 Stat constitutes a third degree felony as provided for in s.817.155. F.S.
	Winston Lewis Typed or printed name of signee
	Filing Fees:
S125.00 Fil	ing Fee for Articles of Organization and Designation of Registered Agent