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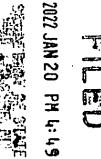
(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer.			

Office Use Only



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CARL THE GARAGE

RECEIVED

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: UNZZU Hrcation	17	
Name o	of Limited Liability Company	
The enclosed Articles of Organization and fee	e(s) are submitted for filing.	
Please return all correspondence concerning the	his matter to the following:	
Jazmin Flor	Name of Person	
bzzy Kreat	Firm/Company	
142 DW Ha	11 Steet Address	
Modison 1 F	City/State and Zip Code	•
E-mail address! (to be	oics document report notificat	ion)
For further information concerning this matter,	please call:	
Warmen Flork! Name of Person	at (<u>CSO</u>) <u>491 – 39</u> Area Code Daytime Telephor	92 ne Number
Enclosed is a check for the following amount:		
□\$125.00 Filing Fee □\$130.00 Filing F Certificate of State		☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section	Street Address New Filing Section D	ivision

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 1 - Name:

The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1923WHOW Street

142 20 tion Street

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:

M.L. Name

Florida street address (P.O. Box NOT acceptable)

dura Ci

y State

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..

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = ManagerAMBB	Jazmin Floud 171 SW Hall Street, McGN 23140	300 FL
(Use attachment if necessary)		
(If an effective date is listed, the date must be sp the date of filing.)	te of filing:	r to or 90 days after
ARTICLE VI: Other provisions, if any.		
This document is execu I am aware that any fals	nember or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b). Florida se information submitted in a document to the Departmen ee felony as provided for in s.817.155, F.S.	Statutes. t of State
	Typed or printed name of signee	2022 Tr

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)