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(Requestor's Name)
(Address)
(Address)
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(6), (6), (7)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Gertificates of States
Special Instructions to Filing Officer:

Office Use Only

T. SCOTT APR 2 8 2022



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# COVERLETTER

TO: New Filing Section Division of Corporations	
	Cimited Liability Company
The enclosed Articles of Organization and fee(s)	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
GARRET	Pawdo 19H Name of Person
Glory Hom	Firm/Company
13632 m	1CCO SU KEE RD Address
TA 11 7/A	32309
	City/State and Zip Code  OFA (A Mo) (D COM)  sed for future annual resort notification)
For further information concerning this matter, ple	ase 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 Certificate of Status	& ZIS155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address  New Filing Section  Division of Corporations	Street Address New Filing Section Division The Centre of Tallahassee
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	R	T.	ICI	.F.	[ -	Name:
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The name of the Limited Liability Company is:

(Musicontain the words "Limited Liability Company." L.L.C.," or "L.L.C.")

### ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
13639 - MICCOSSIRES	
DD 711 71 4	
AFT 1411 114 52304	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Lumited 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 ar

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

The Tall 21A 3250

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.,

(CONTINUED)

## ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:			
MGR"=Manager LenoRp Aprilolph	13632 MICCOSHEE RD			
MBR	GARRET RANGOLPA			
	73632 MICCOSUKE(RD)			
(Use attachment if necessary)				
the date of filing.)	of filing:			
ARTICLE VI; Other provisions, if any.				
REQUIRED SIGNATURE:				
This document is execute I am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Typed or DH			
GARREI RACCOIPA				

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)