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Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
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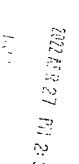
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COVER LETTER

TO: New Filing Section Division of Corpo				
SUBJECT: K	Name of Lin	ited Liability Company	LLC	
The enclosed Articles of Or	ganization and fee(s) are	submitted for filing		
Please return all correspond	lence concerning this ma	tter to the following:		
	eundra	Name of Person		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	
		• •		
_509	E mayor	Address	HAPH	1347
Tallal Dherva	Ci CE CYOUNIC 176 Itail address: (to be used	FL 3230 ty/State and Zip Code Con Control 10 for future annual report i	O.M.)
For further information conce	rning this matter, please	call:		
Name o	C Para (St. Ar		elephone N	
Enclosed is a check for the f	following amount:			
□\$125.00 Filing Fee □	Z\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fe Certified Copy (additional copy is enc	losed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy additional copy is enclosed)
P.O. Box	g Section of Corporations	Street Addre New Filing Sc The Centre of 2415 N. Mon Tallahassee, I	ection Divis l'Tallahasse roe Street, l	te :

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - 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:		
509 Emagricus De 1997 1997 1997 1997 1997 1997 1997 199	509 E MAGANIS Dr GOT 13-17 TAUANASIC FL 97-01		

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:

Name

SOO E MCGNONG DE PONSHA

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

Tall Chasses FL 3230

City State Zip

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. Thereby 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 (REOUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) 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, 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 State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees:

4.0

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)