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(Re	equestor's Name)	
(Ad	dress)	<u>.</u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #j
PICK-UP	MAIT	MAIL
(Bu	rsiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

T. SCOTT.
JUN - 8 2022



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COVER LETTER

TO:	New Filing Sec Division of Co					•
SUBJI	DOT.	ır Consulting LL	.C			
3003	EC1.	Na	me of Lim	nited Liabi	lity Company	
The en	nclosed Articles of	Organization and	d fee(s) are	e submitte	d for filing.	
Please	return all correspo	ondence concerni	ng this ma	itter to the	following:	
	Cody Thurb	er				
	**			Name o	f Person	
	Bull & Bear	Consulting LL	-			
				Firm/C	ompany	
	4726 3rd A	ve North				
	·			Add	ress	
	St. Petersb	urg, FL 33713				
			C	ity/State a	nd Zip Code	
		@yahoo.com				
		E-mail address: (t	o be used	tor future	annual report notificat	ion)
For furtl	her information co	ncerning this mat	ter, please	call:		
	Andria Thur	ber	72 at (7	4874765 _)	
	Nam	e of Person			Daytime Telephon	
Enclos	sed is a check for t	he following amo	ount:			
□\$12	5.00 Filing Fee	□\$130.00 Fili Certificate of		Čertif	55.00 Filing Fee & Tied Copy Tial copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address			Street Address	*- *- * · · ·
		iling Section on of Corporation	ıs		New Filing Section D The Centre of Tallaha	

P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address:		Liability Company	"L.L.C.," or "LLC.")	
		Etability Company,	E.E.C., or EEC.)	
The maning address and site	et address of the principal o	ffice of the Limited	Liability Company is:	
<u>Prir</u>	Principal Office Address:		Mailing Address:	
4726 3rd Ave N, St Pete. FL 33713		Sam	Same as Office Address	
ARTICLE III - Registered	Agent, Registered Office,	& Registered Agen	it's Signature:	
The Limited Liability Comp	oany cannot serve as its own	Registered Agent.		vidual or
inother business entity with	an active Florida registratio	n.)		
The name and the Florida str	reet address of the registered	agent are:		
	Andria Thurber			
		Name		
	4726 3rd Ave North			
	Florida street address	s (P.O. Box <u>NOT</u> ac	eceptable)	
	St. Petersburg	FL	33713	
		State	Zip	
	City	State		
aving been named as register	City		•	v company at t
ace designated in this certific	City red agent and to accept servi cate, I hereby accept the appo	ce of process for the pintment as registere	above stated limited liabilited agent and agree to act in	this capacity. I
ace designated in this certific rther agree to comply with th	City red agent and to accept servi	ce of process for the pintment as registere elating to the proper	above stated limited liabilited ad agent and agree to act in and complete performance	this capacity. I of my duties, ar

(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	
	AMBR	Cody Thurber
		4726 3rd Ave N. St. Petersburg, FL 33713
		Ot. F etc. Sbd (q. F E SOF TO
	AMBR	Andria Thurber
		4726 3rd Ave N. St. Petersburg, FL 33713
	(Use attachment if necessary)	
	• •	
ARTIC	CLE V: Effective date, if other than	the date of filing: (OPTIONAL)
	ttective date is listed, the date muse of filing.)	st be specific and cannot be more than five business days prior to or 90 days after
Note:		bes not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
ARTIC	CLE VI: Other provisions, if any.	
		
-		
	REQUIRED SIGNATURE:	
	Signature	of a member or an authorized representative of a member.
		s executed in accordance with section 605.0203 (1) (b). Florida Statutes. any false information submitted in a document to the Department of State
	constitutes a third	d degree felony as provided for in s.817.155, F.S.
		Typed or printed name of signee
		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)
- \$ 5.00 Certificate of Status (Optional)