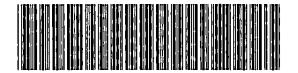
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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2022 HAY TO PH 2: 42
SEURLIARY OF STATE
ANALYSEE CHOSING

FILED

D. O'KEEFE JUN - 8 2022

COVER LETTER

TO: New Divi	Filing Sec sion of Co	ction — — rporations		
SUBJECT:	12)	Name of Lin	nited Liability Company	<u> </u>
The enclosed	Articles of	Organization and fee(s) are	e submitted for filing.	
Please return	all correspo	ondence concerning this ma	atter to the following:	
	Ì	Sonoclas 1	Name of Person	
_	Ņ	Daire and	Firm/Company	Just FIC
			Address:	
	7	t. Muses.	FL SSG Sity/State and Zip Code	
_	, ,	/ C	ity/State and Zip Code	
<u>_`</u>	<u>۳٬۰۰۰ کې</u>	F-mail address: (to be used	for future annual report notificat	ion)
		ncerning this matter, please		
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	isan	e of retson A	Tea Code Daydine Telephon	e ivanioei
Enclosed is a	check for t	he following amount:		
□\$125.00 Fi	ling Fee	☐\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			a	

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

<u>Street Address</u> 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

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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:
3371 Cipress Leverds Cic	3371 Cypress Legends Cig
HOT 4838	アンナロをつる。
F+ MILETS FL 33905	F1. Myers FL 33905

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:

Douglas Margan

Name

3271 Cypress Legends Cir #808

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

Ft. Myers FL 33905

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. 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 MAY 10 PM 2: 42
SECRETARY OF STATE

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	, ,	
MGR	Dana Hamilton	
	2011 Choress Legerds	Cr # 638
	Ft. Myers, FL 33905	
_	·	
MGR	Dovolas Margan	
	BOIL CHORES Lecends	568 # 20g
	FI. My ers , FL 33905	<u> </u>
	•	
		
		
(Use attachment if necessary) EV: Effective date, if other than the	e date of filing:	(OPTIONAL)
LEV: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does	e date of filing: be specific and cannot be more than five business not meet the applicable statutory filing requiremen	days prior to or 90 da
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Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)