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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: LIHLE RIVEY Name of Lin	Stay 5 mited Liability Company
The enclosed Articles of Organization and fee(s) ar	re submitted for filing.
Please return all correspondence concerning this ma	ratter to the following:
Marney &)	Name of Person
	Firm/Company
5511 SW 6	Address
1, Heriver Sto	FI 33317 City/State and Zip Code 2450 GWAII: COM
E-mail address: (to be used For further information concerning this matter, please	for future annual report notification) e call:
Marney Frange at (1508 366-4855 Daytime Telephone Number
Enclosed is a check for the following amount:	
□\$125.00 Filing 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 enclose
Mailing Address New Filing Section Division of Corporations	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
P.O. Box 6327 Tallahassee, FL 32314	Tallahassee, FL 32303

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:
SSII SW loth St Plantation IFI 353D	5511 SW 6th St Plantahan FI

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:

Marney Hrango

Name

5511 Sw Gth 5t

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

Plantaton Pl 33317

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)

	Name and Address:
"AMBR" = Authorized Membe	ī
"MGR" = Manager	100 000 21 1 12 COX (1) 21 Cox
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	Plantation, 17 3351/
N 100 2 10	Tuesda Ac 200
THUR	Juan France
	Janta Son Pl. 3331)
ffective date is listed, the date m e of filing.) If the date inserted in this block d	the date of filing: 1 10 2 2022 (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 days does not meet the applicable statutory filing requirements, this date will not be lister than the first operation of State's records.
cument's effective date on the Dep	
	Maun an
REQUIRED SIGNATURE:	CUM CUM Company of a member.
REOURED SIGNATURE: Signature This document	is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
REOUIRED SIGNATURE: Signature This document	e of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State rd degree felony as provided for in s.817.155, F.S.
REOUIRED SIGNATURE: Signature This document	is executed in accordance with section 605,0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State

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)