(Re	equestor's Name)	
(Address)		
(Ac	idress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
Office Use Only		



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## COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: <u>1/738/2 C</u> Name of Lin	nited Erability Company	<del></del>
The enclosed Articles of Organization and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this ma	itter to the following:	
<u>Chaislopke</u>	Name of Person	
	Firm/Company	
1816 Dial	St Jagarti	a Rol
denseds whee B	Tity/State and Zip Code  COSTX (ST LO real) Conference annual report notification	977)
For further information concerning this matter, pleas	e call:	
De 11/2 e De 11/2 (1) at (at (	<u> S´S'v )                                   </u>	z /e Number
Enclosed is a check for the following amount:		
↑ (□\$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)
<u>Mailing Address</u> New Filmg Section	Street Address New Filing Section D	ivision

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

New Filing Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
W7382C LLC	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC")	

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:
1300 Ajapor 1 Pr	10/6 Okt St Augustin El
Quincy FC	Tall, FL 3230/

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:

Denise	Donoh we	<u>,                                     </u>			
18/6 Old St. Agustinelle! Florida street address (P.O. Box NOT acceptable)					
Tall	F-C	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 (REQUIRED)

(CONTINUED)

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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)