## 1 32000326281

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Pilotie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

T. SCOTT; JUL 2 5 2022



800381745638

07/26/22--01003--014 \*\*160.00



DIZZ JUL 25 AN II: 4.6

CAST S AND YOR VIDEO
FRANCHISING
DIVISION OF CORPORATIONS

## COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT:	and Clearing & development
SETUICES, LLC Name of Limited 1.	rability Company
The enclosed Articles of Organization and fee(s) are subm	itted for filing
Please return all correspondence concerning this matter to	the following:  he of Person
- Company Fin	nd/Company
217 5 Day	is Ln.
Definiak Spr. City/Str  Philography Diche E-mail address; (1)0 be used for the	
For further information concerning this matter, please call:	) <u>419-7797</u>
Certificate of Status C	☐S155.00 Filing Fee & ☐S160.00 Filing Fee, Certified Copy Certificate of Status &
(ad-	ditional copy is enclosed) — Certified Copy (additional copy is enclosed)
Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY Development Services, LIC

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the principal office c	of the Limited Limbility Company is:
217 5. Davis Ln.	Mailing Address:
De kinish springs Fl	
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)	gistered Agent's Signature: stered Agent. You must designate an individual or
The name and the Florida street address of the registered agen	Johnson dr.
217 S. Day	3 Ln
Riorida street address (P.C.)	FL 32435
City  taving been named as registered agent and to accept service of place designated in this certificate. I hereby accept the appointm further agree to comply with the provisions of all statutes relating the familiar with and accept the obligations of my position as res	ent as registered agent and agree to act in this capacity. I g to the proper and complete performance of my duties, and I
Registered.	Agent's Signature (REQUIRED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGD9 = Manager	N 110 hl
<u> 1964                                   </u>	2/1 : Hail 5 La Coll Je Kin K Spr
	FI SELITORIES LELI GOLDEN STORES
	7
<del></del>	
(Use attachment if necessary)  FICLE V: Effective date, if other than the c	late of filing: 7-25-22 (OPTIONAL)
TICLE V: Effective date, if other than the can effective date is listed, the date must be date of filing.)  te: If the date inserted in this block does not be determined.	late of filing:
TICLE V: Effective date, if other than the can effective date is listed, the date must be date of filing.)  te: If the date inserted in this block does not document's effective date on the Department.	late of filing:
TICLE V: Effective date, if other than the can effective date is listed, the date must be date of filing.)  te: If the date inserted in this block does not document's effective date on the Department.	late of filing:
TICLE V: Effective date, if other than the can effective date is listed, the date must be date of filing.)  te: If the date inserted in this block does n document's effective date on the Departm  TICLE VI: Other provisions, if any.	late of filing:
FICLE V: Effective date, if other than the can effective date is listed, the date must be date of filing.)  te: If the date inserted in this block does not document's effective date on the Department.	late of filing:
TICLE V: Effective date, if other than the can effective date is listed, the date must be date of filing.)  te: If the date inserted in this block does not document's effective date on the Department of the Dep	late of filing:  e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as sent of State's records.
TICLE V: Effective date, if other than the can effective date is listed, the date must be date of filing.)  te: If the date inserted in this block does not document's effective date on the Department of the Dep	late of filing:  specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as tent of State's records.  The member of an authorized representative of a member, recorded in accordance with section 605.0203 (1) (b). Florida Statutes.
TICLE V: Effective date, if other than the can effective date is listed, the date must be date of filing.)  te: If the date inserted in this block does not document's effective date on the Department of the Dep	a member or an authorized representative of a member, recented in accordance with section 605.0203 (1) (b). Florida Statutes, false information submitted in a document to the Department of State.
TICLE V: Effective date, if other than the can effective date is listed, the date must be date of filing.)  te: If the date inserted in this block does not document's effective date on the Department of the Dep	a member or an authorized representative of a member.  Receited in accordance with section 605.0203 (1) (b). Florida Statutes, false information submitted in a document to the Department of State expressed for in s.817.155. F.S.
TICLE V: Effective date, if other than the can effective date is listed, the date must be date of filing.)  te: If the date inserted in this block does not document's effective date on the Department of the Dep	a member or an authorized representative of a member.  Receited in accordance with section 605.0203 (1) (b). Florida Statutes, false information submitted in a document to the Department of State expressed for in s.817.155. F.S.
TICLE V: Effective date, if other than the can effective date is listed, the date must be date of filing.)  te: If the date inserted in this block does not document's effective date on the Department of the Dep	a member or an authorized representative of a member, recented in accordance with section 605.0203 (1) (b). Florida Statutes, false information submitted in a document to the Department of State.

\$ 5.00 Certificate of Status (Optional)