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



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SECRETARY OF STATE

TALLA-Sept STALL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Bourgein Aud (Must contain the words "Limited Liability	y 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:
2172 N MILLEURY	2172 N Military

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

	Kriss"	ia Har	paul	
	Name	•		
2172	N. 19	4,1,+0,0	y Tri,	
Florida street a	ddress (P.O. B	ox <u>NOT</u> acceptab	lc)	
Niect	Palm	Beach!	FL, 3	3409
City	Sta	ite	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 at provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 AUG -8 AM 10: 03 Secretary of State ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Mer	Name and Address:
"MGR" = Manager	HOCI
AMRR.	Knosia Harpary
- ATMDR	
	2225 taft st milyword
	
 	
(Use attachment if necessary	y)
•	
ARTICLE V: Effective date, if other	than the date of filing: (OPTIONAL)
If an effective date is listed, the date	e must be specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	
Note: If the date inserted in this block	ck does not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the	Department of State's records.
ARTICLE VI: Other provisions, if an	y.
DECLURED CLOS ATURE	c. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
REOUIRED SIGNATURI	
Sign	ture of a member or an authorized representative of a member.
	nent is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
	that any false information submitted in a document to the Department of State
constitutes	a third degree felony as provided for in s.817.155, F.S.
	Y MSELC Maria
	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)

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TALLATINSSEE, FL