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CALLE AND/OR YIDEO FRANCHISING DIVISION OF CORPORATIONS TALLAMASSEE, FLORIDA

2022 AUG 17 AM ||: |

COVER LETTER

	w Filing Section rision of Corporations		
SUBJECT:	Groupe de Frater Name of	Mité (vlivaire LLC. Limited Liability Company	
The enclosed	d Articles of Organization and fee(s) are submitted for filing.	
Please return	all correspondence concerning this	matter to the following:	
-	SEAN TA	Name of Person	
-	Groupe de	Fronte Colinaire	
-	320 S. Flamingo K	d (mit)199 Address	
 	Pembrake lines, fraternite w	iraire arouse D Gmail (DΛ)
	E-mail address: (to be u	sed for full reannual report notification	1)
For further inf	ormation concerning this matter, pl	ease call:	
S	Name of Person	(<u>407</u>) <u>365-355</u> Area Code Daytime Telephone?	Number
Enclosed is a	check for the following amount:		
\$125.00 Filin	ng Fee \$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address	
	New Filing Section Division of Corporations	New Filing Section	· c
	P.O. Box 6327	Division of Corporation Clifton Building	3
	Tallahassee, FL 32314	2661 Executive Center	Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	TCI	I F I	L- Na	me.

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:
305. Flouringo Rd. /mi+198)	200 S. Flancing Rd. Init 199
Quality 1208 81 12037	Penberk Sins Fl 2027
rempraise viries po 3 year	CONTY-COINES, FL 35071

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:

Name

370 S. Flaningo Ld. (m. + 144)

Florida street address (P. Box NOT acceptable)

Parking fines PL 27077

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)

CASE AND/OR YIDEO
FRANCHISING
DIVISION OF CORPORATIONS

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" - Manager	Cas Tayrea
MGK	220 Se Flowings (d (vn+199)
	Mubike Pices Fr 33627
AMBR	Foliage TALELO
	230 S. Flanting Ad. (vn + 199)
	_ funda mes, FC 17.41
	
E V: Effective date, if other than the	he date of filing:
ective date is listed, the date must of filing.) The date inserted in this block doe ment's effective date on the Depar	be specific and cannot be more than five business days prior to or 90 da s not meet the applicable statutory filing requirements, this date will not be
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E V: Effective date, if other than the ective date is listed, the date must of filing.) the date inserted in this block does ment's effective date on the Depart E VI: Other provisions, if any. REOURED SIGNATURE: Signature of This document is 1 am aware that ar	s not meet the applicable statutory filing requirements, this date will not be tment of State's records.
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ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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