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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF SIGNE
ALLAHASSEE, FI DOMES.

2022 OCT 12 PH 3:

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AHASSELLE

CORPORATE When you need ACCESS to the world ACCESS, ____

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PI	CK UP:	10/12 Glinda		
	CERTIFIED COPY				
X	В РНОТОСОРУ				
<u> </u>] cus				
X	K FILING	LLC		-	<u></u>
1.	4254 EASY STREET LL	ıC			
	(CORPORATE NAME AND DO	CUMENT #)			
2.					
	(CORPORATE NAME AND DO	CUMENT #)			
3.	(CORPORATE NAME AND DO	CHARLING 6)			
	(CORPORATE NAME AND DO	COMENT#)			
4.	(CORPORATE NAME AND DO	CUMENT #)			
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4					
6.	(CORPORATE NAME AND DO	CUMENT #)		<u> </u>	
SPEC INSTI	IAL RUCTIONS:				
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COVER LETTER

Division of Corpo			
4254 EASY S' SUBJECT:	TREET LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of Or	ganization and fee(s) are	submitted for filing.	
Please return all correspond	ence concerning this mat	ter to the following:	
		Name of Person	
		Firm/Company	
		Time Company	
		Address	
		ty/State and Zip Code	
christina@panou		C C	
For further information conce		for future annual report notificati call:	ony
Name o		ea Code Daytime Telephon	
Enclosed is a check for the	following amount:		
	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fec & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing /		Street Address New Filing Section Di	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ET LLC		
(Must co	ntain the words "Limited Li	ability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	address of the principal off	ice of the Limited	Liability Company is:
<u>Princ</u>	ipal Office Address:		Mailing Address:
		SAM	IE
310 FIFTH AVEN	UE.	.,,,,,,	
ARTICLE III - Registered / The Limited Liability Companother business entity with a	L 32903 Agent, Registered Office, & ny cannot serve as its own R n active Florida registration	: Registered Agen Registered Agent. \	
INDIALANTIC, F	L 32903 Agent, Registered Office, & ny cannot serve as its own R n active Florida registration et address of the registered a	: Registered Agent Registered Agent. N	it's Signature:
ARTICLE III - Registered / (The Limited Liability Compa another business entity with a	L 32903 Agent, Registered Office, & ny cannot serve as its own R n active Florida registration et address of the registered a KURT D. PANOUSES	: Registered Agent Registered Agent. N	it's Signature:
ARTICLE III - Registered / (The Limited Liability Compa another business entity with a	L 32903 Agent, Registered Office, & ny cannot serve as its own R n active Florida registration et address of the registered a KURT D. PANOUSES	: Registered Agent. Negistered Agent. Negistered Agent. Negent are:	it's Signature:
ARTICLE III - Registered / (The Limited Liability Compa another business entity with a	L 32903 Agent, Registered Office, & ny cannot serve as its own R n active Florida registration et address of the registered a KURT D. PANOUSES	Registered Agent, No. 19 Proceedings of the	i t's Signature: You must designate an individua
ARTICLE III - Registered / (The Limited Liability Compa another business entity with a	L 32903 Agent, Registered Office, & ny cannot serve as its own R n active Florida registration et address of the registered a KURT D. PANOUSES 310 FIFTH AVENUE	Registered Agent, No. 19 Proceedings of the	it's Signature: You must designate an individu

he dIam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

> /s/ Kurt D. Panouses Registered Agent's Signature (REQUIRED)

> > (CONTINUED)



ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Mem	Name and Address:
"MGR" = Manager	oci
MGR	KURT D. PANOUSES, ESQ. 310 FIFTH AVENUE INDIALANTIC, FL 32903
(Use attachment if necessary)	
If an effective date is listed, the date he date of filing.)	
<u>REQUIRED</u> SIGNATURE	
	/s/ Kurt D. Panouses
This docume I am aware th	ure of a member or an authorized representative of a member, and is executed in accordance with section 605.0203 (1) (b), Florida Statutes, nat any false information submitted in a document to the Department of State third degree felony as provided for in \$.817.155, F.S.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

KURT D. PANOUSES, ESQ.

S 5.00 Certificate of Status (Optional)