122000443623

	(Requestor's Name)
	(Address)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	(ON), Ostato. Elp. Horio xy
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
, —— —	
Special Instructions to	o Filing Officer:

Office Use Only



10/17/29 + 91003 + 028 + **160.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

v, "L.L.C.," or "LLC.") d Liability Company is:
r, "L.L.C.," or "LLC.")
d Liability Company is:
d Elability Company is.
Mailing Address:
<u> </u>

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 1 - Name:

Robert	BRUL	
	Name	
8320 H	Pivenside	170
Florida street addre	ss (P.O. Box NOT a	cceptable)
Prenta Gr	rda 41	33982
	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. 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)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Rebeat L. Baill 1818 F. 58 Th Street Newsyge, MI 49337
·	
. (Use attachment if necessary)	of filing: (OPTIONAL)
If an effective date is listed, the date must be spo he date of filing.)	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	of State's recurds.
REQUIRED SIGNATURE:	I Bridg
Signature of a me This document is execut I am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b). Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
	L BR/11 Typed or printed name of signce

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

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)

2022 OCT 17 AH 7: 21
SECRETARY OF STATI