LZZC00445963

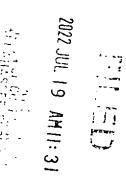
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	14
(Do	ocument Number)	
•	,	
Certified Copies	Certificates of	Status
·-·		
Special Instructions to	Filing Officer:	

Office Use Only



900394740949

09/28/22--01018--006 **55.92



COVER LETTER

	ew Filing Section ivision of Corporations		
SUBJECT	. Niagara :	Stream Services	LLC
SOBJECT	Name of I	imited Liability Company	
The enclose	ed Articles of Organization and fee(s)	are submitted for filing.	
Please retu	m all correspondence concerning this	matter to the following:	
	Edwin	Robinson	
		Name of Person	
		N/A	
		Firm/Company	
	8227 Woo	d vine cir	
		Address	· · · · · · · · · · · · · · · · · · ·
	Lakeland, F	1 33810	
	NSS. Office	City/State and Zip Code	
_		ed for future annual report notification	7027
For further in	nformation concerning this matter, plea	ase call:	
	Edwin Robinson are		906 Number
	Name of Person	Area Code Daytime Telephone	Number
Paclosed is	a check for the following amount:		<u>.</u> ω
□\$125,00	_	& □\$155,00 Filing Fee &	□\$160.00 Filing Fee.
<u> </u>	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address	
	New Filing Section	New Filing Section Div The Centre of Tallahas	
	Division of Corporations P.O. Box 6327	2415 N. Monroe Street	. Suite 810
	Tallahassee, FL 32314	Tallahassee, FL 32303	

ARTICLES OF ORGANIZATION FOR FLORIDA ELMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
Niagara Stream	Services LLC	
(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	e of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
8227 Woodvine cir	8227 Woodvine cir	
Lakeland, FL 33810	Lakeland, FL 23810	

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:

	FJu	vin Robins	10
		Name	
	woodvine	cir	
		ress (P.O. Box NOT	acceptable)
	akeland	FL	33810
	City	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)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	NA
-	
(Use attachment if necessary)	
If an effective date is listed, the date must be specified date of filing.)	of filing:
ARTICLE VI: Other provisions, if any,	<i>t</i>
This document is execute I am aware that any false constitutes a third degree	nber or an authorized representative of a member. d 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.
Edwi	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)

S 5.00 Certificate of Status (Optional)