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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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## **COVER LETTER**

TO:	New Filing Section Division of Corporations		
	13655 NE 10 AVE, #108, L	LC	
SUBJEC	CT:Name of I	Limited Liability Company	
The enc	losed Articles of Organization and fee(s)	are submitted for filing.	
Please re	eturn all correspondence concerning this	matter to the following:	
	LOURDES D. ERMER		
		Name of Person	
	DERGAN ERMER LAW, PA		
		Firm/Company	
	7900 HARBOR ISLAND DRIVE, §	NO. 713A	
		Address	
	NORTH BAY VILLAGE, FL 33141		
	LDERMER@GMAIL.COM	City/State and Zip Code	
	E-mail address: (to be us	ed for future annual report notificat	ion)
For furthe	er information concerning this matter, ple	ase call:	
	Lourdes Ermer	305 213-4124	
	at ( Name of Person	Area Code Daytime Telephor	
Enclose	d is a check for the following amount:		
	.00 Filing Fee	& □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address  New Filing Section  Division of Corporations	Street Address New Filing Section D The Centre of Tallah	

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

(ivids	contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	
FICLE II - Address:			
mailing address and st	eet address of the principal office	of the Limited Liability Company is:	
<u>Pr</u>	incipal Office Address:	Mailing Address	<u>ss</u> :
3535 South Oc	ean Drive, Suite 2305	3535 South Ocean Drive, Suite 2	2305
Hollywood, FL 3	2010	Hollywood, FL 33019	
FICLE III - Registere E Limited Liability Con her business entity wit	d Agent, Registered Office, & Repany cannot serve as its own Regin an active Florida registration.)	gistered Agent's Signature: stered Agent. You must designate an indiv	vidual or
TICLE III - Registere e Limited Liability Con ther business entity wit	d Agent, Registered Office, & Re pany cannot serve as its own Regi	gistered Agent's Signature: stered Agent. You must designate an indiv	vidual or
TICLE III - Registere e Limited Liability Con ther business entity wit	d Agent, Registered Office, & Repany cannot serve as its own Regin an active Florida registration.)	gistered Agent's Signature: stered Agent. You must designate an indiv t are:	vidual or IALL MASSEE
TICLE III - Registere e Limited Liability Con ther business entity wit	d Agent, Registered Office, & Repany cannot serve as its own Reginan active Florida registration.)  treet address of the registered agenth ERIC R. GUILLEN	gistered Agent's Signature: stered Agent. You must designate an indiv t are:	vidual or
TICLE III - Registere e Limited Liability Con ther business entity wit	d Agent, Registered Office, & Repany cannot serve as its own Reginan active Florida registration.)  treet address of the registered agenometric ERIC R. GUILLEN  Nar	gistered Agent's Signature: stered Agent. You must designate an indiv t are: ne	vidual or TALL THE SSEE TO DRILL
TICLE III - Registere e Limited Liability Con ther business entity wit	d Agent, Registered Office, & Repany cannot serve as its own Reginan active Florida registration.)  treet address of the registered agenth ERIC R. GUILLEN  National State of	gistered Agent's Signature: stered Agent. You must designate an indiv t are: ne	vidual or TALLANA SSEE TO ORIU

(CONTINUED)

Registered Agent's Signature (REQUIRED)

111	10	L	IM

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	POWD CHILLDY
MUIR	ERIC R GUILLEN  3535 South Occord Drive, Suite 2205
	3535 South Ocean Drive, Suite 2305 Hollywood, FL 33019
AMBR	SYLVIA E. GUILLEN
	3535 South Ocean Drive. Suite 2305 Hollywood, FL 33019
	E: 6
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	90 - 4
date of filing.)	cific and cannot be more than five business days prior to or 90 days a eet the applicable statutory filing requirements, this date will not be liste
TICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	
Signature of a men	mber or an authorized representative of a member.
This document is execute I am aware that any false i	nber or ar authorized representative of a member, and 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.

Typed or printed name of signee