L22000470076

	(Requestor's Name)
	(Address)
	,
	(Address)
	(City/State/Zip/Phone #)
	•
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(December 1)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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Office Use Only



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S. CHATHAM 202

SECRETARY OF STATION OF COLOTERATION OF COLOTERATION

2022 NOV -3 PH 3: 30

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>11/3/22</u>	**WALK IN**
ENTITY NAME 2689 CRAVEN WAY LLC	
DOCUMENT NUMBER	
PLEASE FILE THE ATT	ACHED AND RETURN
Plain Copy Certified Copy Certificate of Status	
PLEASE OBTAIN THE FOLLOW	UNG FOR THE ABOVE ENTITY
Certified Copy of Arts & Amen	
	dments Complete File (Including Annual Reports)
Certificate of Status Certificate of Status Reflecting.	:
APOSTILLE' / NOTAK	RIAL CERTIFICATION
COUNTRY OF DESTINATION	
TOTAL OWED'S 155 Please call Tina at the above number for any iss	ACCOUNT # 120140000108 Cuth United Corporate Services, Inc.
Please call Tina at the above number for any iss	rues or concerns. Thank you so much!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
2689 (RAVEN L (Must contain the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the principal office of	
Principal Office Address:	Mailing Address:
THE VILLAGES FL 32163	The Villages FL- 32-163 Se
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)	gistered Agent's Signature:
The name and the Florida street address of the registered agent	it are:
JA COVELIS	ne THOMALA
503 Roseno	***
Florida street address (P.O	D. Box NOT acceptable)
The Villages	FL 32/63
City	State Zip
Having been named as registered agent and to accept service of p	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..

Tacyucline Thomala
Régistered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	TACOUSLING THOMALA
AMBK	503 ROSENOW ROAD
_	The Villages, 76 32163
	(
(Use attachment if necessary)	(OPTIONAL)
LEV: Effective date, if other than the	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90 day es not meet the applicable statutory filing requirements, this date will not be learnest of State's records.
LEV: Effective date, if other than the feetive date is listed, the date must af filing.) If the date inserted in this block document's effective date on the Department's	t be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be l
LEV: Effective date, if other than the flective date is listed, the date must of flung.) If the date inserted in this block document's effective date on the Departure VI: Other provisions, if any.	t be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be l
LE V: Effective date, if other than the feetive date is listed, the date must of filing.) If the date inserted in this block document's effective date on the Departure VI: Other provisions, if any. REQUIRED SIGNATURE:	Acquelize Thornal and caunot be more than five business days prior to or 90 hay as not meet the applicable statutory filing requirements, this date will not be be rement of State's records. Acquelize Thornal and the statutory of a member or an authorized representative of a member.
LEV: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block document's effective date on the Department's effective date on the Department's Cher provisions, if any. REQUIRED SIGNATURE: Signature of This document is	as not meet the applicable statutory filing requirements, this date will not be rement of State's records. Acqueller Share and Canada and State and State are statutory filing requirements, this date will not be rement of State's records. Acqueller Share and State are statutory filing requirements, this date will not be rement of State's records.
LEV: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block document's effective date on the Departure VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document is a maware that a	Acquelize Thornal and caunot be more than five business days prior to or 90 hay as not meet the applicable statutory filing requirements, this date will not be be rement of State's records. Acquelize Thornal and the statutory of a member or an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)