L32000 529599

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

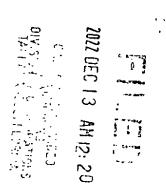
Office Use Only

T. SCOTT DEC 1 9 2022



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COVER LETTER

	New Filing Sec Division of Co					
CHD IEC	Active Income Investors, LLC T:					
SUBJEC	.1;	Name of Limited Liability Company				
The enclo	osed Articles of	Organization and	fee(s) are submi	tted for filing.		
Please ret	turn all correspo	ondence concerning	g this matter to	the following:		
	Edward Bru	ce Miller				
			Nam	e of Person		
			Firm	n/Company		
	1281 Gulf o	f Mexico Drive, U	nit 1008			
				Address		
	Longboat K	ey. Florida 34228				
			•	e and Zip Code		
		<pre> <</br></pre>		group.net> ire annual report notifica	ution)	
				ire amuai report notifica	icion)	
For further	information co	oncerning this matte	er, please call:			
	Edward Bruce Miller		704 _at (816-8009		
	Name of Person		Area Coo	le Daytime Telepho	ne Number	
Enclosed	is a check for t	the following amou	nt:			
	00 Filing Fee	□\$130.00 Filin Certificate of S	g Fee & 🗆	\$155.00 Filing Fee & entified Copy tional copy is enclosed)	□S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		ng Address		Street Address		
		Filing Section		New Filing Section Division The Centre of Tallahassee		
	Division of Corporations P.O. Box 6327			2415 N. Monroe Street, Suite 810		
Tallahassee, FL 32314			Tallahassee, FL 32303			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Active Income Investors, LLC	
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ICLE II - Address:	
ICLE II - Address: nailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address:
nailing address and street address of the principal office	

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Name

1281 Gulf of Mexico Drive, Unit 1008

Florida street address (P.O. Box NOT acceptable)

Longboat Key Florida 34228

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 "MGR" = Manager	Name and Address:
MGR = Manager	Edward Bruce Miller 1281 Gulf of Mexico Drive, Unit 1008 Longboat Key, Florida 34228
	
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.)	date of filing:
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	
This document is ex	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State

Edward Bruce Miller Occambu 12 2027
Typed or printed name of signee

as

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)