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PICK-UP	WAIT	MAIL
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	Business Entity Name)	
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Certified Copies	Certificates of St	atus
Special Instructions to I	Filing Officer:	
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: II Good OFF, Boy'S Trigo L.C. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submuted for filing.
Please return all correspondence concerning this matter to the following:
Stephen Francis Evans Jr.
II Good OFE Boys Trim LLC.
542 Daval St.
City/State and Zip Code Spark y 56 6 a cmell com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stephen Figure at (850) 340 - 1980 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
PES 125.00 Filing Fee WS 130 00 Filing Fee & Certified Copy (additional copy is enclosed) Control of Status Certified Copy (additional copy is enclosed) Certif

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite \$10
Tallahassee, F1, 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

the name of the Limited Liability Company is:

11. 60	310 pc	E Boy's Town hr.C.
(Must contain the words "Limit	ed Liability Compa	my, "L.E.C.," or "LLC")
ARTICLE II - Address: The mailing address and street address of the principa	al office of the Lim	ited Liability Company is:
Principal Office Address:		Mailing Address:
542 Duval St. Po-1 ST. Doc, Ec, 3	2456	F.O tox 323 Forstain, FL 324138
ARTICLE III - Registered Agent, Registered Offi (The Limited Liability Company cannot serve as its canother business entity with an active Florida registr	wn Registered Ag	Agent's Signature: ent. You must designate an individual or
The name and the Florida street address of the registe	ered agent arc:	
		Evans Je.
542 Florida street ado	DOLU A dress (P.O. Box <u>N</u> O	OT acceptable)
Pout St.)	ice FL.	3245 G Zip
inving been named as registered agent and to accept a have designated in this certificate, I hereby accept the orther agree to comply with the provisions of all status in tandliar with and accept the obligations of my pos	hor servered a	
		-

(CONTINUED)

The name and address of each per	rson authorized to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MOD AME	Alan Koval
	Part 54 1/2, FL, 32456
HOOR AMBR	Stephen Evans Je.
	Port St. Tie, 51, 32:156
	
(Use attachment if necessary)	
	he date of filling: Dec 21, 2022 (OPTIONAL)
(If an effective date is listed, the date mus	t be specific and cannot be more than five business days prior to or 90 days after
the date of filing.) <u>Note:</u> If the date inserted in this block does	es not meet the applicable statutory filing requirements, this date will not be listed a
the document's effective date on the Depa	
ARTICLE VI: Other provisions, if any.	
	1 /12
REOURED SIGNATURE:	HV//
	1/1/1
This document is	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that a constitutes a thire	my false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

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)

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