## 12000533811

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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al Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSES TATE

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## COVER LETTER

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	T	IC.	LE	1 -	Na	me	:

The name of the Limited Liability Company is:

(Must contain the words "Lighted Liability Company, "L.L.C.," or "L.L.C.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1540 S. Adams St.C.	1540 S. Adams St. Unte
Tall. 14 32301	Tay1. FT 32701

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:

\_Adrianu Little

Name

1540 S. Adams Unit C

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

Tallahassee ## 32301

City State 7in

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 turther 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)

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Title: "AMBR" = Authorized Member "MGR" = Manager  MS	Name and Address:  Khiry Thomas  1827 - Fort Browder Ed
AMBR	Adriane Little 132 DIVIE DE # 38 Tallahassee Fi 32304
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the da	te of filing:
(If an effective date is listed, the date must be sthe date of filing.)  Note: If the date inserted in this block does not the document's effective date on the Department.	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:  Signature of a n	nember or an authorized representative of a member.

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

Filing Fees:

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.

Typed or printed name of signee

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

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-