(Requestor's Name) (Address)	
(Address) (City/State/Zip/Phone #)	(ff)in
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(Business Entity Name) (Document Number)	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR'	$\Gamma 1C$	LE .	[-]	Nar	ne:

The name of the Limited Liability Company is:

Must contain the words "Limited Liability Company, "EL.C." or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	<u>Mailing Address</u> :		
313 GAWAIN LANG	313 GAWAIN LANG		
TALLASASSEE BOFC 32301			

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:

JORGE GOODGICH
Name

3/3 GAUDIN JAN 0

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

+ SIPASSO FL 32301

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 wither agree to comply with the provisions of all factuates 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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

2023 JAN -3 PM 10: 52
SECRETARY OF STATE
TALLAHASSESTATE

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
Manager	Jorga Goodrich
	JORGE GOODRICH 313 GANDIN LANG THUMHASSEE FL 32301
A	
	
	
(Use attachment if necessary)	
FICLE V: Effective date, if other than the o	late of filing:
n effective date is listed, the date must be	specific and cannot be more than five business days prior to or 90 days after
date of filing.) le: If the date inserted in this block does n	ot meet the applicable statutory filing requirements, this date will not be listed as
document's effective date on the Departm	
TICLE VI: Other provisions, if any.	

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that pay false information submitted in a document to the Department of State constitutes a faired degree felony as provided for in s.817.155. F.S.

Kiling 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)