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D. O'KEEFE JAN 1 0 2023

Anthony J. Marino

1666 S. Lady Mary Dr. Clearwater FL 337\$6 727.433.2613

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Organization	on and fee(s) are submitted for filling.
Please return all correspondence con	cerning this matter to the following:
ANT	houg John MARINO Name of Person
	ASCENTODOR REMOVALTS ANITIZATION Firm/Company
1666 S.L	Ady MARY Dr. Address LEARWATER F1 33756 City/State and Zip Code
	LEARUNTER FI 33756
	SSS: (to be used for future annual report notification)
For further information concerning this	s matter, please call:
	'
Anthony MARIND	a1(72) 433 2613
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following	e amount:
	O Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee. Le of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	
Division of Corpor	rations The Centre of Tallahassee
P.O. Box 6327	2415 N. Monroe Street, Suite 810
Tallahassee, FL 32	314 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
TODOASCENT, L	
(Must contain the words "Limited Liabi	flity Company, "L.L.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:	Mailing Address:
16665 LAdyMARY D. CLEARWATER FI 33756	1666 5. Lody MARY Dr CLEARWATER F133756
	<u> </u>

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:

ANThony 1. MARINO
Name

16665. LAD 4 MARY DR

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

Clementer F1 33756

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)

usud or a state

Title: "AMBR" = Authorized Member	Name and Address:	
MGR" = Manager	ANThony J. MARILO	-
	ANThony J. MARINO 1666. S. Lady MARY DR. Clemuste 33756	i F
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(Use attachment if necessary)	i .	
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does	e date of filing:	•
CLE V: Effective date, it other than the effective date is listed, the date must be of filing.) If the date inserted in this block does coment's effective date on the Depart	not meet the applicable statutory filing requirements, this date will not	•
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CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does coment's effective date on the Depart CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is eliam aware that any constitutes a third constitutes a third constitutes.	not meet the applicable statutory filing requirements, this date will not ment of State's records. A member or an authorized representative of a member, xecuted in accordance with section 605.0203 (1) (b), Florida Stanies, false information submitted in a document to the Department of State.	2023 JAN -4 AM