23000017086

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

Office Use Only



300398335763

01/17/25--01013--012 **160.00

RECEIVED

COVER LETTER

	v Filing Section ision of Corporations	
SUBJECT:	Name of Limited Liability Company	LLC
The enclosed	Articles of Organization and fee(s) are submitted for filing.	
Please return :	all correspondence concerning this matter to the following:	
_	Brithrey Brown Name of Person	
_		<u> </u>
	Firm Company	
_	3826 Rosciell Drive	
	Tallahassee F1 323 City State and Zip Code beelightfulbaamail.com E-mail address: (to be used for inture annual report notific	Cation) AR JR
For further info	ormation concerning this matter, please call:	N 17
Br	Name of Person at (850) 284-0 Name of Person Area Code Daytime Teleph	JAN 17 AN 1: 10 808 Hone Number
Enclosed is a	check for the following amount:	•
□S125.00 Fi	illing Fee	☐\$160.00 Filing—Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Street Address New Filing Section	Division

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

the name of the Limited Liabil	ity Company is: Lightful L Itain the words "Limited Liabi	LC	I.C. "or "IIC"		
VRTICLE II - Address: , he mailing address and street	Ÿ	, , ,			
Same &	pal Office Address:	387 Tal	Mailing Addres RUS (SE) A KUSSEE	DV1-2300	
ARTICLE III - Registered As The Limited Liability Comparation	y cannot serve as its own Regi active Florida registration.)	stered Agent. You		idual or	
he name and the Florida stree	t address of the registered ager BrHMC Nar	it are: PG By ne	oun		
	3824 Ro Florida street address (P.C Tallahass City			23 JAN 17 SECRETARY TALLAHASSE	てここ
ving been named as registered or designated in this certificate wher agree to comply with the properties with and accept the control of the c	e. I hereby accept the appointm provisions of all statutes relatin	ent as registered a g to the proper an	rgent and agree to act in a d complete performance o	this capacity, 4	T.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any, REQUIRED SIGNATURE:

Filing Fees:

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statufes: I am aware that any talse information submitted in a document to the Department of State

Typed or printed name of signce.

\$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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)