

L23000056 887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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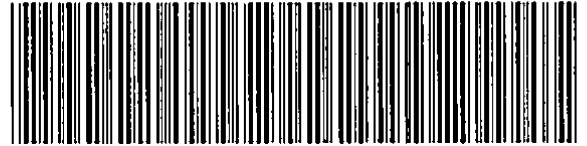
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

23 FEB - 7 PM 11:45

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TALLAHASSEE, FLORIDA

2023 FEB - 7 PM 4:01

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Endurance Enterprise of Tallahassee  
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:

Rebecca Chambers  
Name of Person

\_\_\_\_\_  
Firm/Company

671 W Cadillac Dr  
Address

Altamonte Springs FL 32714  
City/State and Zip Code

disneyfan12@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Chambers 407 407-4904  
Name of Person Area Code Daytime Telephone Number

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Endurance Enterprise of Tallahassee LLC  
(Must contain the words "Limited Liability 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: 9556 Apalachee Parkway Tallahassee, FL 32311  
Mailing Address: 9556 Apalachee Parkway Tallahassee, FL 32311

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:

Junwei Lu  
Name  
9556 Apalachee Parkway  
Florida street address (P.O. Box NOT acceptable)  
Tallahassee, FL 32311  
City State Zip

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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.

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

President

Secretary

V.P.

Name and Address:

Junwei Lu  
9554 Apache Parkway  
Tallahassee, FL 32311

Rebecca Chambers  
1711 W Cadillac Dr  
Altamonte Springs FL 32714

Vincent Clavizzao  
59 Randolph Dr  
Palm Coast, FL 32164

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/7/2024 (OPTIONAL)  
(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:

Junwei Lu

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 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.

JUNWEI LU  
Typed or printed name of signee

Filing 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)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32304

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