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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: / / / / / Name of Limited	Estate INVESTMENTS Liability Company
The enclosed Articles of Organization and fee(s) are sub	mitted for filing.
Please return all correspondence concerning this matter	to the following:
Jordan	ary Perez
N	ame of Person
F	гт/Сотрапу
	Expedition Ave
Sebrin	S F.L. 33875 Tate and Zip Code S e i Cloud. Com
Ajzero 62	ate and Zip Code 8
E-mail address: (to be used for f	
For further information concerning this matter, please call	
Tordeny at (86) Name of Person Area C	3 , 242 - 2107
Name of Person Area C	ode Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy ditional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section Division of Corporations	New Filing Section Division The Centre of Tallahassee
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Immortal Est	ate investments LLC
(Must contain the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the principal office of t	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	Wannig Address.

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Name

CLIZ expedition Au

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

Selving F.L. 33838

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)

FILED

2023 JAN 20 PM 3: 35

SECRETARY OF STATE
TALLAHASSEE, FATE

ARTICLE IV-

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

"MGR" = Man	thorized Member	
<u> </u>		
./	•	
AMBO	ζ	Jordony Perez 6612 Expedition Ar
		Jebring F.L. 33875
AMB	2	
70		Jason Sugrez
		14929 SW 104 ST Apt 11 miami F.L. 33196
		miami F.L. 33196
		
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)