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(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Aleong Stame of Lim	ited Liability Company		
The enclosed Articles of Organization and fee(s) are	submitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
Sylvester X	Name of Person		
	Firm/Company		
805 E. Blomingdale Ave Apt 629			
Brandon, FL Ci aleonas Ludios of Ci-mail address: (to be used)	ty/State and Zip Code In future annual report notification)		
For further information concerning this matter, please call:			
Sylvester Aleona (8) Name of Person Are	ea Code Daytime Telephone Number		
Enclosed is a check for the following amount:			
□\$125.00 Filing Fee	☐\$155.00 Filing Fee & ☐\$160.00 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	Street Address New Filing Section Division The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:

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

Mailing Address:

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:

805 E. Bloomingdale Ave #629
Florida street address (P.O. Box NOT acreptable)

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.,

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	Sylvester Aleona	
Julie 215		——————————————————————————————————————
	Brandon, FLO33511	+Ve 1629
	Blandon, FW333311	
 .		
		
		
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the d	ate of filing: (OPTI	ONAL)
	specific and cannot be more than five business days [orior to or 90 days after
the date of filing.) Note: If the date inserted in this block does no	ot meet the applicable statutory filing requirements, this	s date will not be listed as
the document's effective date on the Departme		
·		
ARTICLE VI: Other provisions, if any.		
	_	
REQUIRED SIGNATURE:		
- MATING		
Signature of a	member or an authorized representative of a member	 er.
This document is exe	cuted in accordance with section 605.0203 (1) (b). Flor	rida Statutes.
I am aware that any fa	alse information submitted in a document to the Departr	nent of State
	gree felony as provided for in s.817.155, F.S.	-7>
Sulvi	ester 1 Hleonou	1
	ester 1 A leong H Typed or printed name of signee	•
		81
\$125.00 Filing Fee for Articles of	<u>Filing Fees:</u> Organization and Designation of Registered Agent	2023
\$ 30.00 Certified Copy (Optional		. <u>C</u>
\$ 5.00 Certificate of Status (Opt		
•		2023 JAN 2∪
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