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SECRETARY ONLS ANTESSEL FLOT

$ARTICLES \, OF \, OR \, GANIZATION \, FOR \, FLORIDA \, LIMITED \, LIABILITY \, COMPANY$

ARTICLE I - Name: The name of the Limited Liab	oility Company (s:		
	Tran Smeet To ontain the words "Limited Liability Co	ompany, L.L.C." or "LLC.")	· Group LC
NRTICLE II - Address: Pic mailing address and stree	et address of the principal office of the	e Limited Liability Company is:	
Princ	cipal Office Address:	Mailing Ado	dress:
127.200 Window	Hundretone dr	12777 H Windscmere	Jankstone dr.
The Limited Liability Compa	Agent, Registered Office, & Registe any cannot serve as its own Registered an active Florida registration.)	red Agent's Siguature: d Agent. You must designate an i	individual or
aving been named as registers loce designated in this certific other agree to comply with the	Paymon Same Raymon Same 1377 Hawks to Florida street address (P.O. Bo. Windermere State ed agent and to accept service of proceate, I hereby accept the appointment are er provisions of all statutes relating to the obligations of my position as registery	Seraded Seals Not acceptable) Zip ess for the above stated limited lia s registered agent and agree to acceptable and complete performant compl	ability company at the cet in this capacity. I the company duties, and I
Trammar win and accept the		T's Signature (REQUIRED)	_
			2023 FEB 21 SECKETAL

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address; " \overline{AMBR} " = Authorized Member "MGR" = Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: February 24, 2023. (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: Signature of a ptember of 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 whird degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)