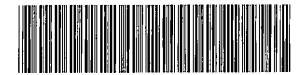
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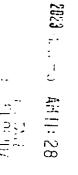
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Raw Anew by Medici LLC Name of Limited Liability Company
The control of Anistra (COmmunication and Control and an Anish of Control
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Monique Desiree Jordan Name of Person
Firm/Company
1850 Providence Lakes Blvd, 305
Address
Brandon, FL 33511 City/State and Zip Code (OCOMONI fah 86 @ 9mail. Com E-mail address: (to be used for future annual report notification)
Chystate and zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Monique Jordan at (813) 296.3865 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 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 AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810Tallahassee, Fl. 32314Tallahassee, Fl. 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	E I -	Name:
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The name of the Limited Liability Company is:

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:

Providence Lakes, Blud 305 20, FC 33511 Brand

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:

HIRAM D. JORDAW

Name

6725 SOMERSET GARDEN WAY

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

APOLLO BEACH F1 33572

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)

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	
MAR	Menique Jordan
	1950 Providence (acec Blud, 505 Brandon, Et 35511
	13) 10.00.00.
AMBR	Oliviyah Sutton
	1850 Dovidence Lakee Blud, 305- Brandon, FL 335-11
<u>AMBR</u> AMBR	
MMBR	Janeel Williams Jr. 1850 Providence Lakes Blud, 305
	Brancia, El 35511
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than	the date of filing: March 1, 2023 (OPTIONAL)
(If an effective date is listed, the date mus	st 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 do	es not meet the applicable statutory filing requirements, this date will not be listed a
the document's effective date on the Depa	
ARTICLE VI: Other provisions, if any.	
The first provisions, in units.	
REQUIRED SIGNATURE:	
	vougue Anda
	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that a	my false information submitted in a document to the Department of State
constitutes a third	d degree felony as provided for in s.817.155, F.S.
	Monique Jordan Typed or printed name of signee
	ryped or primed name or signed

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)

as