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D. O'KEEFE MAR 2 8 2023

# **COVER LETTER**

TO: **New Filing Section Division of Corporations** Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company For further information concerning this matter, please call: Enclosed is a check for the following amount: **≌\$125.00** Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

# **Mailing Address**

New Filing Section Division of Corporations

# Street Address

New Filing Section Division The Centre of Tallahassee

(additional copy is enclosed)

Mailing Address:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Blessings Studio 888 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:

timetpat other Address.	William Audi Cas.
2417 NW 524 ST	0412 NW 50 M ST
Ft. (mud, FL 33309	Ft (Auderdale FL
•	33309
III - Registered Agent Registered Office & Register	ed Agent's Signature

Principal Office Address:

(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:

| ICHE | SELZER | SCELZER (a w)
| Name
| 1550 NE | WE
| Florida street address (P.O. Box NOT acceptable) Wilfray Manoas K. 33305

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..

(CONTINUED)

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

"AMDD" — Authorized Marches	
"AMBR" = Authorized Member "MGR" = Manager	1
AMBR	YEANE Kokusta
	2412 NW SAM ST.
	Ft. (Had , FC 33309
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