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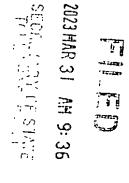
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special institutions to 1 ming ember.

Office Use Only



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S. CHINTITARIN



08/31/23--01001--019 ***125.00



COVER LETTER

TO:	New Filing Section Division of Corpor	ations		
SUBJE	cr: Feder	1 Screenings	LLC ed Liability Company	
		Name of Limit	ed Liability Company	
The enc	losed Articles of Org	anization and fee(s) are s	ubmitted for filing.	
Please r	eturn all corresponde	nce concerning this matte	er to the following:	
	•	_		
	Alan 1	Vebster Jr		_
		<u> </u>	Name of Person	
	feder	Screenings		
			Firm/Company	
	560 1/1	16CHA CT. RN	. H 206A	
	<u> </u>	102 311 130	Address	
	Man	73169	y/State and Zip Code	
	Webster	elen 123 @amail	r future annual report notification	··········
	E-m	ail address: (to be used fo	or future annual report notification	on)
For furth	ier information conce	rning this matter, please	cull,	
	ΛιI	.	01 166.28/41	
	MIAN Webs	7er 3rat (at	a Code Daytime Telephone	Number
	Name o	f Person Arc	a Code tvayame reichnoue	. Manuel
Enclos	sed is a check for the	following amount:		
A S12		□\$130.00 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)
	N1III	Addrace	Street Address	
	<u>Mailing /</u> New Filir	<u>xauress</u> ig Section	New Filing Section Di	vision
	Division	of Corporations	The Centre of Tallaha	issee
	P.O. Box		2415 N. Monroe Street	
	l allahass	ee, FL 32314	Tallahassee, FL 3230.	.)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

(Must	Screening S LLC contain the words "Limited Liability	y Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and stre	eet address of the principal office of	the Limited Liability Company is:		
<u>Pri</u>	ncipal Office Address:	Mailing Address:		
500 NW 16	5-1 S+ RD +266A	500 NW 165TA ST RD # 206A		
-			\subseteq	
(The Limited Liability Com another business entity with	I Agent, Registered Office, & Registerance as its own Register an active Florida registration.)	ered Agent. You must designate an individual or	2023 MAR 31 AI	
(The Limited Liability Com another business entity with	pany cannot serve as its own Regist an active Florida registration.)	are:	023 MAR 31 AM 9: 30	
(The Limited Liability Com another business entity with	pany cannot serve as its own Registration an active Florida registration.) treet address of the registered agent Alan Webster I Name See NW 165-46 S	are: T. R. A. # 206A	A	
(The Limited Liability Com another business entity with	pany cannot serve as its own Register an active Florida registration.) treet address of the registered agent Alan WebSter J Name	are: T. P. A. # 206 A Box NOT acceptable)	A	

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)

Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager Alan Webster Ir MGR 500 NW 165H (Use attachment if necessary) (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 member or 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 a third degree felony as provided for in s.817.155, F.S. Alan Webster Jr
Typed or printed name of signee Filing Ecest

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

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)