# 123000154912

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

Office Use Only



300404663253

CHAIN

04/05/23--01002--021 \*\*160.00

ALLAHASSEE.

SECREIMRY OF STATE

RECEIVED

[]

2023 APR -5 PH 12: 40 2023 APR -5

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	TI	C	L	E	Ì	_	N	a	m	e	:
---	---	----	---	---	---	---	---	---	---	---	---	---

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:

## 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:

Christian Aycox

9823 Utopia Dr

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

Pensacola FL
City State

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:

MER MER	Tanya Collins  468 Harrison Rd  Newton, ms 39345  Christian Aycox  9823 Utopia Dr	
<u>m612</u>	Christian Aycox	
	Pensacola, FL 32514	<u></u>
(Use attachment if necessary)		
e date of filing.) ote: If the date inserted in this block does not to document's effective date on the Department RTICLE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date wi of State's records.	Il not be listed as
REQUIRED SIGNATURE:		
This document is execu I am aware that any fals	ember or an authorized representative of a member, ated in accordance with section 605.0203 (1) (b), Florida State information submitted in a document to the Department of See felony as provided for in s.817.155, F.S.	 ates. State
	Typed or printed name of signee	
	Typed or printed name of signee	7023 APR