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## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Kimberly Matic	as LLC d Liability Company
The enclosed Articles of Organization and fee(s) are su	
Please return all correspondence concerning this matter	to the following:
Kimberly M	Name of Person
- Kimberly Me	Stas LLC Firm/Company
824 Fleming	Address
Ormand Beach J	FL 32174 State and Zip Code
Kimberly matias, insi	vanceagest@gnail Consor &
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please ca	future annual report notification)
Ki handi Makina 38	lo 、 つつつ- GU 6 2
Name of Person Area	Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee & Certificate of Status	S\$155,00 Filing Fee & S\$160,00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section	Street Address New Filing Section Division

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LEMITED LIABILITY COMPANY

Chast consum the both "Liment Liabeling Company, "L.L.C. or "L.C."  ARTICLE II - Address:  The making address and once address of the principal office of the Limited Liabeling Company is  Principal Office Address:  Mailing Address:  S24 Filening Ave.  Concol Brade File 32174  ARTICLE III - Registered Apeal, Registered Office, & Registered Apeal "Signature:  (The Limited Liabeling Company cannow serve in its own Registered Apeal "Signature:  (The Limited Liabeling Company cannow serve in its own Registered Apeal "Signature:  (The Limited Liabeling Company cannow serve in its own Registered Apeal "Signature:  The name and the Fibrida street address of the registered apeal are:  Page 1 4 A STE 200  Florida street address (P.O. Box MII acceptable)  4 A PALADAR PL 33002  Cay State  Tap 1 4 A STE 200  Floridas areas address of the supplementary of the above state Institute Mahalay company of the area designated in this completing. I have by accept the appointment or registered apoal and complete professional or of the Manager to control with the provisions of all another relating in the prosper and complete professional or of the Manager of the Chapter 601, P.S.  Bill Have Authorized Representative  Particles with and accept the obligantors of symposition as registered apoal and complete professional or of the Manager of the Chapter 601, P.S.  Bill Have Authorized Representative  Particles with and accept the obligantors of symposition or registered apoal and complete professional or of the American Apoal Signature (REQUIRED)  (CONTINUED)		1 88 1 4 1	1 (	
The multing address and street address of the principal office of the Limited Liability Company is    Principal Office Address	- Simb	<u>gerty Matial L</u>	ompany, "L. L. C.," or "LL.C.")	
ARTICLE III - Registered Agent. Registered Office. & Registered Agent's Signature: (The Limited Liability Company cannot serve as us own Registered Agent. You must designate an individual or another business entity with an active Florida registered Agent. You must designate an individual or another business entity with an active Florida registered agent are:    Prof. Sk. of Agent Inc.	ARTICLE II - Address: The mailing address and street	address of the principal office of the	: Limited Liability Company is	
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 registerious.)  The name and the Florida street address of the registeriod agent are:	Roins	irel Office Address:	Mailing Address:	
The timined Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registered agent are:    Registered Agent's Signature (REQUIRED)			Demod Beech, 4132174	
Projected Agent's Signature (REQUIRED)  Projected accept the obligations of any position as registered agent as the projected agent as facilities with and accept the obligations of any position as registered agent as Complete performance of any distinct and I Signature with and accept the obligations of any position as registered agent as Chapter 605, F.S.  Bill Havre, Authorized Representative  Registered Agent's Signature (REQUIRED)	(The Limited Liability Compar	ny cannot serve as its own Registered	red Agent's Signature: i Agent. You must designate an individual or	
Florida street address (P.O. Box NOI acceptable)  H. PLENSTOWA. PL 33702  City State Zip  average been manned as registered agent and to accept service of process for the above stand limited that they company at the acceptationated in this carried agent and agrees to comply with the provisions of all standard reflating in the property and complete performance of my distinct, and I should with and accept the abbypattons of my position as registered agent as provided for in Chapter 601, P.S.  Bill Havre, Authorized Representative  Registered Agent's Signature (REQUIRED)	The name and the Florida street	of address of the registered agent are:		
Florida street activess (P.O. Box SOI acceptable)  St. Recommend as registered agons and so accept service of process for the above sound limited limiting company at the acceptanced in this certificate, I hereby accept the appointment as registered agont and agree to act in this capacity. I when agree to anapply with the provisions of all sounder relating in the proper and complete performance of my distinct and accept the abbiguations of my position as registered agont as provided for in Chapter 605, P.S.  Bill Havre, Authorized Representative  Registered Agent's Signature (REQUIRED)		Registered N	Agent loc	-
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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_ . (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 member 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 a third degree felony as provided for in s.817.155, F.S.

imberly Matias Typed or printed name of signee

## Filing Fees:

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

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