# 123000190191

(Requestor's Name)	
(Address)	<del></del>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

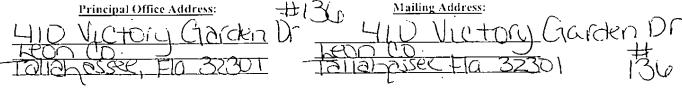
## ARTICLE I - Name:

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:



# 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:

Steele
Name

HIO VICTORY GARden Dr #136

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

Tollar OSPE Fla 30301

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:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Chittia Steele Julia Justan Carden Dr#136
<del></del>	
<del></del>	
(Use attachment if necessary)	
(If an effective date is listed, the date must the date of filing.)	e date of filing:
ARTICLE VI: Other provisions, if any,	
REQUIRED SIGNATURE:	Pola Stelle
This document is of I am aware that an	a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b). Florida Statutes. If also information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
CYC	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)

\$ 5.00 Certificate of Status (Optional)

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