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CORPORATE When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

		WALKIN
	PICK 1	UP: MISTY 4/19
	CERTIFIED COPY	
XX	РНОТОСОРУ	
	CUS	
XX	FILING	LLC
1.	3912 S OCEAN BLVD #3	
2.		
3.	(CORPORATE NAME AND DOCUME	IENT #)
4.	(CORPORATE NAME AND DOCUME	MENT #)
5.	(CORPORATE NAME AND DOCUME	1ENT #)
6.	(CORPORATE NAME AND DOCUME	IENT #)
0.	(CORPORATE NAME AND DOCUME	IENT #)
SPECIA INSTRU	AL UCTIONS:	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Ivd #314 LLC			
(Must	contain the words "Limited L	.iability Company,	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and str	eet address of the principal of	Tice of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
3912 S Ocean B		391	2 S Ocean Blvd Apt 314	
Highland Beach	Highland Beach, FI 33487		Highland Beach, Fl 33487	
another business entity with	n an active Florida registration reet address of the registered  Darin Pankin	1.)	You must designate an individual	023 APR 19 AM 11:1
	3912 S Ocean Blvd Apt 314			rn Oi
Florida street address (P.O. B			cceptable)	
	Highland Beach	FL	33487	
	City	State	Zip	
	City			

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Darin Pankin
TANDA	3912 S Ocean Blvd Apt 314
	Highland Beach, Fl 33487
	202 5 c. 1
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he date of filing.)	specific and cannot be more than five business days prior to or 90 days after timeet the applicable statutory filing requirements, this date will not be listed as not of State's records.
REQUIRED SIGNATURE:	
/s/Da	rin Pankin
This document is exec I am aware that any fal	nember or an authorized representative of a member. ruted in accordance with section 605.0203 (1) (b), Florida Statutes, like information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
Darin Pankin	
<del></del>	Typed or printed name of signee
\$125.00 Filing Fee for Articles of O	Filing Fees: Organization and Designation of Registered Agent

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

ARTICLE IV-

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