L23000210463

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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Rame of	Canstermations L.L.C. Limited Liability Company	
The enclosed Articles of Organization and fee(s	s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
- Richauna	Name of Person	
ZET!	Transformations L.L.C.	
313 Fred 1	Conner St Avon Park FL. 3382	<u>ک</u>
Avon Park F Rockord	City/State and Zip Code	
	used for future annual report notification)	
For further information concerning this matter, pl	lease call:	
Richaura Idilliams at Name of Person	Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	,	
□\$125.00 Filing Fee □\$130.00 Filing Fee Certificate of Status		
Mailing Address	Street Address	

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 LIMITED LIABILITY COMPANY

Ā	RT	ICI.	Æ I	- Name:
/۱	ĸı	IVI.	.r. I	- :Name:

The name of the Limited Liability Company is:

REP Transformations L.L.C.
(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: 313 Fred Conner St Auon Parle FL. 33875	Mailing Address: ST BUOD Park FL 33875	2023 APR 28
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	red Agent. You must designate an individual or	8 PH 4: H
The name and the Florida street address of the registered agent a	Williams	0
313 Fred Florida street address (P.O. L	Sox NOT acceptable)	
Avon Park F	U. 32825 tate 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)

Title: "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager	Richaung William 310 Fred Corner FL. 33825	ns 8+ Avon fork		
		2023 APR		
 		28 PH L		
(Use attachment if necessary)				
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be a the date of filing.) Note: If the date inserted in this block does no the document's effective date on the Department	specific and cannot be more than five l t meet the applicable statutory filing rec	ousiness days prior to or 90 days after		
ARTICLE VI: Other provisions, if any.				
REQUIRED SIGNATURE:	chem Willing			
This document is exec I am aware that any fa	nember or an authorized representate total in accordance with section 605.02 lise information submitted in a document ree felony as provided for in s.817.155,	03 (1) (b), Florida Statutes. to the Department of State		
	Typed or printed name of signee	•		

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

Filing Fees:

\$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)