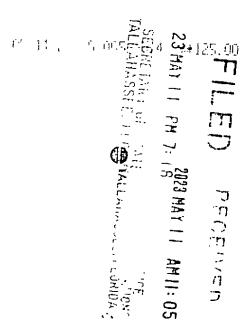
12300023/301

(1	Requestor's Name)	.
(/	Address)	-
(/	Address)	
((City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(0	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to F	Filing Officer:	

Office Use Only



800408374218



	CO	VER LETTER		
TO: New Filing Sec Division of Cor				
SUBJECT:	Oliver Name of Lin	James Resid	leatial LLC	
The enclosed Articles of	Organization and fee(s) are	submitted for filing		
Please return all correspo	ondence concerning this ma	itter to the following:		
	Jam	Name of Person		
		Firm: Company	7A 23	
1625	Centervi	Me Ral #	48 FR	
Tall	ghassee,	FL 32308 ity:State and Zip Code	HASSER MADE	
	491227	ity State and Zip Code 2	1010	
For further information con		·		
Jame Nam		750) 491 2 rea Code - Daytime Telephon	272 e Number	
Enclosed is a check for th	ne following amount:			
₹\$125,00 Filing Fee	□\$130,00 Filing Fee & Certificate of Status	TiS155.00 Filing Fee & Cettified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

Mailing Address

New Filing Section
Division of Corporations

Street Address
New Filing Section Division
The Centre of Tallahassee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name:

are name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "E.L.C.," or "LLC.")

ARTICLE II - Address:

the mailing address and street address of the principal office of the Limited Liability Company is:

Tallahassee, FL 32308 Tallahassee, FL 32308	Principal Office Address:	Mailing Address:	
	Tallahassee/FL 32308	1625 Centerville 12d 44	8

RTICLE 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 a other business entity with an active Florida registration.)

he name and the Florida street address of the registered agent are:

Name

Name

1625 Centerville Rd #48

Florida street address (P.O. Box SOT acceptable)

Talla Lassee FL 32308

City State Zip

ing been named as registered agent and to accept service of process for the above stated limited liability company at the designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. If we agree to comply with the provisions of all statutes relating to the proper and complete performance of my diffuse, and I statuter with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

	BR" = Authorized Ma " = Manager	ember	Name and Addre	7).		
	MGR		James 1625 Con Tallaborses	Love 22308	,#48	
RTICLE V: 1 f an effective o c date of filing	۲.)	than the date of te must be specif	lic and cannot be more th	an five business days p	orior (ෛ 190 c	<u> </u>
<u>ore:</u> If the da	te inserted in this bid effective date on the		t the applicable statutory i State's records.	ding requirements, this	date will not b	be listed as
ie document's		nv			. _	i
	Other provisions, if a	•			<u> </u>	
RTICLE VI: (Other provisions, if an				<u> </u>	<u></u>

Typed or printed name of signee