(Requestor's N	lame)
2017	
(Address)	
(Address)	
(0.1./0.1	O
(City/State/Zip.	Phone #)
PICK-UP W	AIT MAIL
(Dustana Fall	
(Business Entil	y Name)
(Document Nu	mber)
·	·
Certified Copies Cer	tificates of Status
Special Instructions to Filing Officer:	

Office Use Only



600409889456

B

2023 JUN -5 PH 3: 50

CORPORATE ACCESS, ____

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

WALK IN

	P	ICK UP: Cat 6/5	
	CERTIFIED COPY		
XX	РНОТОСОРУ		
	CUS		
XX	FILING	LLC	
_	MADISON PITT IN (CORPORATE NAME AND DO	VESTMENTS, LLC	
_	(CORPORATE NAME AND DO	OCUMENT #)	
-	(CORPORATE NAME AND DO	OCUMENT #)	
_	(CORPORATE NAME AND DO	OCUMENT #)	
_	(CORPORATE NAME AND DO	CUMENT #)	

COVER LETTER

	Filing Section sion of Corporations			i	
SUBJECT:	MAZICAM N		- ハVを3下Mを介すく、 Liability Company	rrc	_
The enclosed	Articles of Organization ar	nd fee(s) are sub	mitted for filing.	!	
Please return	all correspondence concerr	ting this matter to	o the following:	ļ	
_	Douglas	. C.	Donsey		
	•	Na	ame of Person		
		Fi	rm/Company		de de la companya de
	9237 F	EBBLE	CREEK DI	rive	
-		, ø.	Address 33647		
-	1 Ampa Douglas c	City/St	ate and Zip Code	com	
-		•	uture annual report notif	fication)	
For further info	Name of Person	atter, please call: at (4) 2 Area C	992-7	254 Ohone Number	
Enclosed is a \$125.00 Filir	check for the following and th	ig Fee &	\$155.00 Filing Fee & Certified Copy Iditional copy is enclose	Certification (d)	
	Mailing Address New Filing Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corpe Clifton Building 2661 Executive Corpe Tallahassee, FL 2	on orations Center Circle	Copy is enclosed) 1ATT ATT SEE 17

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Co	omnany is:		
	PITT INVESTMEN	~ //0	
	the words "Limited Liability Comp)
ARTICLE II - Address: The mailing address and street address	ess of the principal office of the Lin	nited Liability Company i	s:
Principal C	Office Address:	Mailing 4	Address:
9234 PEBBL	& CRECK DRIVE	SAME	
TOMOS. FL	32644		
ARTICLE III - Registered Agent, (The Limited Liability Company car another business entity with an activ The name and the Florida street add	nnot serve as its own Registered Ag ve Florida registration.)	PRSE Y	an individual or
	Florida street address (P.O. Box No.		
-	City State	32447 Zip	<u> </u>
Having been named as registered ages place designated in this certificate. I h further agree to comply with the provi- am familiar with and accept the obliga	ereby accept the appointment as registions of all statutes relating to the p	gistered agent and agree to roper and complete perfor	act in this capacity. I mance of my duties, and i
	Registered Agent's S	Signature (REQUIRED)	<u> </u>

(CONTINUED)

ANTALLES PHILE!

Title:	Name and Address:
'AMBR" = Authorized Member 'MGR" = Manager	
M G'X	Douglas C. Dorsey
	9234 PERBLE CRECH DRIVE
	Thmph, FL 33647
	
(Use attachment if necessary)	
EV: Effective date, if other than the date of	of filing: . (OPTIONAL)
ctive date is listed, the date must be spect filling.) the date inserted in this block does not me	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not
ective date is listed, the date must be specifiling.) the date inserted in this block does not menent's effective date on the Department of	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not
ective date is listed, the date must be specifiling.) the date inserted in this block does not menent's effective date on the Department of	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not
ective date is listed, the date must be speciffiling.) the date inserted in this block does not menent's effective date on the Department of EVI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not
ective date is listed, the date must be spec of filing.)	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not
ctive date is listed, the date must be specifiling.) the date inserted in this block does not menent's effective date on the Department of EVI: Other provisions, if any. REQUIRED SIGNATURE:	mber or an authorized representative of a member.
retive date is listed, the date must be specifiling.) the date inserted in this block does not menent's effective date on the Department of EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a menute of a m	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes.
retive date is listed, the date must be specifiling.) the date inserted in this block does not menent's effective date on the Department of E VI: Other provisions, if any. Signature of a meneral m	mber or an authorized representative of a member.
retive date is listed, the date must be specifiling.) the date inserted in this block does not menent's effective date on the Department of E VI: Other provisions, if any. Signature of a meneral m	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
retive date is listed, the date must be specifiling.) the date inserted in this block does not menent's effective date on the Department of E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a meneral mene	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
retive date is listed, the date must be specifiling.) the date inserted in this block does not menent's effective date on the Department of E VI: Other provisions, if any. REOURED SIGNATURE: Signature of a mer This document is execute I am aware that any false constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees:
ctive date is listed, the date must be specifiling.) the date inserted in this block does not menent's effective date on the Department of E. VI: Other provisions, if any. REOURED SIGNATURE: Signature of a menuty of a management of a management is executed an aware that any false constitutes a third degree of the second	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. Typed or printed name of signee Filling Fees:
retive date is listed, the date must be specifiling.) the date inserted in this block does not menent's effective date on the Department of E VI: Other provisions, if any. REOURED SIGNATURE: Signature of a mer This document is execute I am aware that any false constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: ganization and Designation of Registered Agent