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## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Florida Connect Dandeny Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Edwin J. Hill Name of Person
Firm/Company
3551 Blairstone Rd STE 128-290 Address
Tallahassee FL 3231  City/State and Zip Code  Florida Conne of academy @ gmail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sci Hick at (850) 545-8727  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□S125.00 Filing Fee □S130.00 Filing Fee & □S155.00 Filing Fee & □S160.00 Filing Fee, Certificate of Status Certificate of Status (additional copy is enclosed) □S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 2023 JUN 26 AM 8: 58 SECRETARY OF STATE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

А	RТ	1CT	FI	_	Name:	
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The name of the Limited Liability Company is:

ust contain the words "Limited Liability Company, "L.L.C.," or "LIC.")

## ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
3551 Blurrature Rd	3551 Blairstone Rd
ST 128-090	ST12 1285-290
Tallahayare FL 32711	Talkshousing FL 52311

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:

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 pegistered agent as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

NII MC 18 MC MC 33311
. (OPTIONAL) nan five business days prior to or 90 days a filing requirements, this date will not be lis

REOUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Edwin T. Hill
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)

