# 123003/189/

(Requestor's Name)		
(Ad	dress)	
(Ād	dress)	<del></del>
(Cit	y/State/Zip/Phone	2 #)
(5	y otalor Elph Hone	· · · /
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
·	,	
Cartified Capies	Cartificator	of Status
Certified Copies	_ Certificates	o o status
Special Instructions to	Filing Officer:	
		1
		j

Office Use Only



100411488171

(Kindra

07/85/26--01002--802 (\*\*160.00

2023 JUN 30 PM 9: 46
SECRETARY DESTATES

2029 JUN 30 PH 3: 33

## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Morgan Manuel's FLOOTING LLC 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:
Matthew Margan Manuel Name of Person
Maganulanuéle Flooting LLC Firm/Company
478 Richardson RD Address
City/State and Zip Code  Worven Waruel 967 (2 gMa. 1: Com  E-mail-address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, 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 023 JUN 30 PM 9: 46 DECKETARY OF STATE



# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

(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:	Mailing Address:
478 Richardson 120	Taylorus CP FI 22301
1=11344050 1 5201	raparties of the second

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:

Watthew water Santiel

Name

978 12 ichardson 120

Florida street address (P.O. Box NOT acceptable)

Tallaharree Fl 32301

City State 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)

2023 JUN 30 PM 9: 46 Secretary of State

ARTICLE IV	-
The name and	a

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

	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager  AMIBIZ	Modflew Moroson Warrel  175 Fichardson RD 3250
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the of (If an effective date is listed, the date must be	date of filing:
ARTICLE VI: Other provisions, if any.	

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)