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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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ALLAHASSEE, FLORI

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2023 J5_ 18 AMII: 34

COVER LETTER

TO: New Filing Section Division of Corporations					
ORK SUBJECT: TWO GITS a	nd a Buc	ket LLC			
The enclosed Articles of Organization and fee(s) are	e submitted for filing.				
Please return all correspondence concerning this ma	tter to the following:				
maquinne	Joshua \ Name of Person	lan			
	Firm/Company				
2765 W Tha	ape St ap	+ 101			
Tallahassee	MA 3230	3			
City/State and Zip Code VMGGLine O GMail. DM 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 & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
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 \$10 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Floricastuo Girls and a Bucket LLC
(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:		
2765 w Tharpeist			
API 101 Tallahassee FlA	SANIE		
32303			

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:
maguine Joshua Var
Name
2765 W That Pe St apt 101 Florida street address (P.O. Box SOT acceptable)
Florida street address (P.O. Box NOT acceptable)
Tallahasse FIA 32303
City State 7in

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)

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ARTICLE IV-

.

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

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
A A C C	marile Tachual	100	
<u></u>	maguinne doshua 1	1 (LV)	101
	Tarrahassee FIX 3230	, 3	, .
	-		
			
			
(Use attachment if necessary)			
(Ove mine)			
ARTICLE V: Effective date, if other than the date	of filing: (OPTION	(AL)	
	ecific and cannot be more than five business days pric		days after
the date of filing.)	· ·		•
Note: If the date inserted in this block does not n	neet the applicable statutory filing requirements, this da	ae will not l	be listed as
the document's effective date on the Department (of State's records.		
ARTICLE VI: Other provisions, if any.			
ARTICLE VI. Other provisions, it any.			
	·····		
REQUIRED SIGNATURE:			
M_{c}	01 10		
	quipre Va-		
	hiber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida		
	information submitted in a document to the Departmen		
constitutes a third degree	e felony as provided for in s.817.155, F.S.	.t Of State	
		_	
<u></u>	Typed or printed name of signee	7	
	Typed or printed name of signee		
	Liling Face.	~	
\$125.00 Filing Foo for Articles of Ore	Filing Fees: ganization and Designation of Registered Agent	023	
\$ 30.00 Certified Copy (Optional)	gamzation and Designation of Registered Agent	2023 JU	
S 5.00 Certificate of Status (Option	all	£_	
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