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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Dunnan Freih, Nama)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	

Office Use Only



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TALLARIA SEE, PLORIDA

2023 AL -- PH 5:



COVER LETTER

TO:

New Filing Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: Choose Name of Limi	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this matter	ter to the following:
Victoria For	Tree Treenes
Choren cre	Firm/Complay
inco wane	Address Address
Unteriofrance	y/State and Zip Code or future annual report notification)
For further information concerning this matter, please of	call:
Name of Person Are	(a) Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Xi\$125.00 Filing Fee ☐\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee. Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:



ARTICLE II - Address:

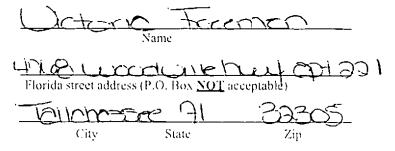
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	<u>Maiting Address</u> :
me war ure had	47 100 Uran ille had

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

Registered Agent's Signature (RÉQUIRED

(CONTINUED)

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	
HMD2	active treeson
•	The ward history
	-C16163-26 11. J.3500
(Use attachment if necessary)	
e: If the date inserted in this block does no document's effective date on the Departme	of meet the applicable statutory filing requirements, this date will not be list ent of State's records.
FICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
المليليليل	little trains
	member or an authorized representative of a member.
	ecuted in accordance with section 605,0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State
	gree felony as provided for in s.817,155, F.S.
1 ~	
(_)10tc	icio trecinan
	Typed or printed name of signee
	Filing Fees:
	Organization and Designation of Registered Agent 💎 👡 🤝
\$ 30.00 Certified Copy (Optional	
S = 5.00 Certificate of Status (Opt	ional)

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