Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : TAX SAVERS Account Number : 120150000107

Phone Fax Number : (941)625-1925 : (941)625-1526

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_nyleennathan8499@gmail.com

3SEP 29 PH 4:27

## FLORIDA LIMITED LIABILITY CO.

Mar2231, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

T. MATTHEWS

OCT - 2 2023

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		Street Street Barrell
ARTICLES OF ORGANIZATION FOI	R FLORIDA LIMITED LIARIE	TV COMPANY
ARTICLE 1 - Name:	NI INTERNA CAMITED CANDICA	2023 SEP 29 PM 4: 59
The name of the Limited Liability Company is:		TALLAHASSEE, FL
MA	R2231, LLC	OOLL, FL
(Must contain the words "Limited	Liability Company, "L.L.C.,	" or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal  Principal Office Address:	office of the Limited Liability	Company is:  Mailing Address:
		Maring Address.
7448 BANBURY TERRACE		H ST
PORT CHARLOTTE, FL 33981	RICHMON	ND HILL, QUEENS, NY 11448
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrat The name and the Florida street address of the registere	n Registered Agent. You mus ion.)	
The first of the first of the first of the feetings.	ed decire are.	
**************************************	DENISE MARTIN	
	Name	
	448 BANBURY TERRACE	
Florida street	address (P.O. Box NOT acce	:ptable)
PORT CHARLOT	TE FLORIDA	33981

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..

City

Denise Wartin

Registered Agent's Signature (REQUIRED)

State

Zip

(CONTINUED)

. . . .

Title: "AMBR" = Authorized Member	Same and Address:
"MGR" = Manager AMBR	DENIGE MADERA
AMBR	DENISE MARTIN 8940 I 18TH ST
	RICHMOND HILL, QUEENS, NY 11448
<u> </u>	
<del> </del>	
(Use attachment if necessary)	ote of filing: (ODTIONIAL)
CLEV: Effective date, if other than the da	
CLEV: Effective date, if other than the defective date is listed, the date must be the date of filing.)	specific and cannot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the di effective date is listed, the date must be he date of filing.) If the date inserted in this block does not	specific and cannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be list
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)