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Division of Corporations  
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From:

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Account Number : I20210000002  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA LIMITED LIABILITY CO.  
6025 LOUISIANA LLC**

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**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** 6025 LOUISIANA 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:

ZACHARY BOELKOW

Name of Person

6025 LOUISIANA LLC

Firm/Company

1811 LATELLA COURT

Address

NEW PORT RICHEY, FL 34655

City/State and Zip Code

clydeonetime@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ZACHARY BOELKOW

727

919-0608

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
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☐ \$155.00 Filing Fee &  
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(additional copy is enclosed)

☐ \$160.00 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

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

6025 LOUISIANA 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:

1811 LATELLA COURT  
NEW PORT RICHEY, FL 34655

### Mailing Address:

1811 LATELLA COURT  
NEW PORT RICHEY, FL 34655

## 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:

ZACHARY E. BOELKOW

Name

1811 LATELLA COURT

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

NEW PORT RICHEY FL 34655

City State Zip

I, ZACHARY E. BOELKOW, do hereby accept the appointment as registered agent and agree to act in this capacity. I agree to 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:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

BOELKOW HOLDINGS, LLC  
1811 LATELLA COURT  
NEW PORT RICHEY, FL 34655

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED 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.

**ZACHARY BOELKOW**

Typed or printed name of signer

**Filing Fees:**

\_\_\_\_\_  
Fees for Articles of Organization and Designation of Registered Agent

\_\_\_\_\_  
Expedited Copy (Optional)

\_\_\_\_\_  
Certificate of Status (Optional)

**SIGN HERE**

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