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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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COVER LETTER

TO: New Filing Sec Division of Cor			
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ndence concerning this matt	er to the following:	. ,
	AKNELA Thur	Name of Person	
	A Royalty -	TOUCH Firm/Company	
330	SW 14th Stree	Address	
Lakricia	Thomas 1491 C	F1, 33040	on)
For further information con	ncerning this matter, please o	call:	
LIKNUU Nam	Thomas at (10 e of Person Are	200 2373 a Code Daytime Telephone	e Number
Enclosed is a check for the	ne 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)
	g Address ling Section	Street Address New Filing Section Di	vision

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 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - 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: Was SW 14th Street Pont pland of hen Fl 33000 Pont pland of hen Fl 33000 Pont pland of hen Fl 33000
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: Lak nei it Themas Name V30 AV 14th Gtyllt
Florida street address (P.O. Box NOT acceptable)
Juridine Pulhen Floriela 33000
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)

(Use attachment if necessary) E. V: Effective date, if other than the date of filing Det 1. 2013 (OPTIONAL) ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 d of filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E. VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of a puthorized 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. Litting Typed or printed name of signee Filing Fees: \$1125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)	(Use attachment if necessary) E.V.: Effective date, if other than the date of filing: Use 1. 2025 (OPTIONAL) ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 d of filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E.V.: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of a member 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. LIKNER Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	Title: "AMBR" = Authorized Member	Name and Address:	
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ARTICLE IV-