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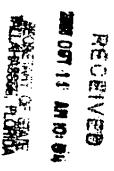
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

	New Filing Sec Division of Cor			
SUBJEC	ст: <u>То</u> х	H's LOBSHES Name of Limi	ted Liability Company	
The encl	osed Articles of	Organization and fee(s) are	súbmitted for filing.	
Please re	turn all correspo	ondence concerning this mat	ter to the following:	
		JAMES	Joinum LESEINE Name of Person	√ n²
			Name of Cerson	
			Firm/Company	
	155	67 NW SR	Address	
		BRISTOL C	F & 33331 ty/State and Zip Code	
		E-mail address: (to be used i	for future annual report notification	on)
For furthe	r information co	ncerning this matter, please	call:	
	Innes i	ESESTUE Il at (336 281-934	6
	Nani	ie of Person Ar	ca Code Daytime Telephone	e Number
Enclosed	d is a check for t	he following amount:		
□\$125.	00 Filing Fee	□S130.00 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)
		ng Address Filing Section	Street Address New Filing Section Di	vision
	Divisi P.O. F	on of Corporations Box 6327	The Centre of Tallah; 2415 N. Monroe Street	issee et, Suite 810
	I allah	iassee, FL 32314	Tallahassee, FL 3230	١

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.,")

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street a	ddress of the principal offi	ice of the Limite	d Liability Company is:
Princip	al Office Address:		Mailing Address:
15367 NW BRISTOL, FL	5		15267 NUU SR 30 BRISTOL, FL 32321
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	cannot serve as its own R active Florida registration.	egistered Agent.)	ent's Signature: . You must designate an individual or
	_	_	
	JAMES LES	Name	
	150 61 Nimes	R 30 B	PT-TIME PAGE
	Florida street address (P.O. Box NOT	RTTTE PT (AST
	BR 11 720	FL	2.23.21
	5871700 City	State	Zip
place designated in this certificate further agree to comply with the p	Thereby accept the appoint ovisions of all statutes relablingations of my position as Register	ntment as register uting to the propo registered agen	the above stated limited liability company at the tred agent and agree to act in this capacity. It is and complete performance of my duties, and tas provided for in Chapter 605, F.S

BOCK THE STATE OF THE STATE OF

<u>litle:</u> AMBR" = Authorized Member	Name and Address:
MGR" = Manager	
TOWER PINER	DAMES CESESIVE JR
<u> </u>	127 10 1 11/14 5 6 30
	BB 7. L 181 3.33.11

V: Effective date, if other than	the date of filing:
tive date is listed, the date mu filing.) he date inserted in this block do	st be specific and cannot be more than five business days prior to or 90 ness not meet the applicable statutory filing requirements, this date will no
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