(23000 M) 843

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

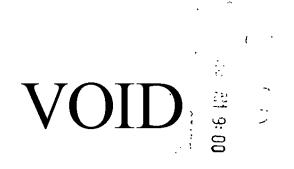
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125.00



COVER LETTER

Name of I	Limited Liabi	lity Company	
The enclosed Articles of Organization and fee(s)	are submitted	f for filing.	
Please return all correspondence concerning this	matter to the	following:	
Gabriela Hayre			
	Name of	Person	
Zenbusiness Inc.			
· · · · · · · · · · · · · · · · · · ·	Firm/Co	отралу	
336 E. College Ave. Suite 301			
	Addı	ress	 -
Tallahassee, FL 32301			
fold Harris Court of the Court	City/State ar	ıd Zip Code	
fulfillment@zenbusiness.com E-mail address: (to be us	ed for future :	annual report notificat	ion)
For further information concerning this matter, plea		, , , , , , , , , , , , , , , , , , ,	,
Gabriela Hayre	884	493-6249	
Name of Person	Area Code	Daytime Telephon	e Number
Enclosed is a check for the following amount:			P. C.
■\$125.00 Filing Fee □\$130.00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee; Certificate of Status & Certified Copy (additional copy is enchased
Mailing Address New Filing Section Division of Corporations		Street Address New Filing Section D The Centre of Tulaha	as ee
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Stre Tallahassee, FL 3230	

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	v Company is:			
Lkho ea en y LL				
(Must cont	ain the words "Limited	Liability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ldress of the principal	office of the Li	imited Liability Company is:	
Principal Office Address:		Mailing Address:		
16352 MALIBU DRIVE			16352 MALIBU DRIVE	
Weston, FL 33326			Weston, FL 33326	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its ow ctive Florida registrati	n Registered A on.)	Agent's Signature: gent. You must designate an individual or	
The hame and the Florida street	· ·	d agent are.		
ZenBusiness Inc. Name				
226 E. Callaga Ava. Suita 201				
	336 E. College Ave. Suite 301 Florida street address (P.O. Box NOT acceptable)			
	Tallahassee	FL	32301	
	City	State	Zip	
lace designated in this certificate, urther agree to comply with the pro	I hereby accept the apportions of all statutes the ligations of my position of the Kh	point nem as leg relative to the p as registered a Cadinah G	for the above stated limited liability company at the gistored agent and agree to act in this capacity. I proper and complete performance of my duties, and I regent as provided for in Chapter 605, F.S Vernmati Signature (REQUIRED)	
		(CONTINU	JED)	

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: AMB(" = A athorized Mymber	Name and Address:
"MGR" - M anager AMBR	Lourdes Ciseleine Kaneshiro Philippeaux 16352 MALIBU DRIVE Weston, FL 33326
(Use attachment if necessary)	
If an effective date is listed, the date must be spi the date of filing.)	of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	CISELEINE RANESHIKO PHILIPPE AUX
Signature of a me	ember 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.

Lourdes Ciscleine Kaneshiro Philippeaux

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)
- \$ 5.00 Certificate of Status (Optional)