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





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10/02/23--01030--005 \*\*125.00

## COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Ever After Grown Name of Limited Liability	ty Company
The enclosed Articles of Organization and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
David Rodrie Name of	
Firm/Co	mpany
15663 Caloos	
Fort Myes, F	2 33908 d Zip Code
	à guail. com
For further information concerning this matter, please call:	
Dand Rodrigue at 305  Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certifi	55.00 Filing Fee & S160.00 Filing Fee, Gred Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address  New Filing Section  Division of Corporations	Street Address New Filing Section Division The Centre of Tallahassee
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810  Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICL	ΕI	-	Name:
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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:

Mailing Address:

Save 95

Fort Myers, FC 53908 CV

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:

15663 (a/205a)

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

For Myers, FL SS/C

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)

Title: "AMBR" = Authorized Member	Name and Address:				
"MGR" = Manager  MGR"	Coralie S. Rodriguez				
MGR	David Rodriguez 15003 Caloosa Grack CIL Et Myers, Fr 33908				
MGR	The Entrust Group Inc. FBO Corelies Rodrighez IRA 7230024074				
	15663 Caloosa Creek Cir Ft Myers, FC33908				
(Use attachment if necessary)					
(If an effective date is listed, the date must be s the date of filing.) <u>Note:</u> If the date inserted in this block does not the document's effective date on the Departmen	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 days after  meet the applicable statutory filing requirements, this date will not be listed a t of State's records.				
ARTICLE VI: Other provisions, if any.					
REQUIRED SIGNATURE:					
This document is exect I am aware that any fal constitutes a third degr	nember or an authorized representative of a member.  uted in accordance with section 605.0203 (1) (b), Florida Statutes.  se information submitted in a document to the Department of State  ee felony as provided for in s.817.155, F.S.				
Typed or printed name of signee					

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

as