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(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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SECRETARY OF STATE
SECRETARY OF STATE



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COVER LETTER

Division of Corporations	
SUBJECT: SUMS	et Slush of Brevard LLC Name of Limited Liability Company
The enclosed Articles of Organization	on and fee(s) are submitted for filing.
Please return all correspondence con	cerning this matter to the following:
	Chelsea Oberle Name of Person
5	unset Slush of Brevard LLC Firm/Company
_	2.0. Box 2142 Address
Sur	City/State and Zip Code Set Slush of brevard yahoo. Comess: (to be used for future annual report notification)
For further information concerning this	s matter, please call:
	Area Code Daytime Telephone Number Area Code Daytime Telephone Number Area Code Daytime Telephone Number Area Code Area Code
Mailing Address New Filing Section Division of Corpor P.O. Box 6327	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must co	SET SLUSH ntain the words "Limited L	OF BY iability Compa	evapa LLC	
ARTICLE II - Address: The mailing address and street	address of the principal of	ice of the Limi	ted Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Add	ress:
WELDOUR	1 Street ne FL 32904		16159 1519 St McIbourne, F	12ect - 32904
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with at The name and the Florida street	ry cannot serve as its own I nactive Florida registration at address of the registered in	Registered Age .) agent are:	n. You must designate an ir	ndividual or
	Jessic	<u>a Buli</u> _{Name}	eoughs	
	2155 Judg- Florida street address	C FRAN (P.O. Box <u>NO</u>	Jamicson wa Lacceptable)	ay Apt 206
	Melboure.	FL '	32940	
	City	State	Zip	
Having been named as registered place designated in this certificat	•	• •		

Restroyed Agent's Signature (REGHTRED)

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	0
MGR	Chelsea Obern
	McDourne EL 32904
MGR	Ryan Obcele
	6159 ISIA STREET
	Melbourne, Fi 32904
(Use attachment if necessary)	
(Ose utaciment ii necessury)	
ote: If the date inserted in this block does e document's effective date on the Departi	not meet the applicable statutory filing requirements, this date will not be listed a ment of State's records.
DESCRIPTION OF THE PROPERTY OF	
REQUIRED SIGNATURE:	
	1 COPPLE DO ST
	a member or an authorized representative of a member.
l am aware that any	r false information submitted in a document to the Department # State -
constitutes a third d	legice leiony as provided for in sign 7, 150, 11.51
Chel	sea Obcete
	Typed or printed name of signee
	-11
	Filing Fees:
	many at the same of the same o
6 70 00 Floor Bank Floor (Floor)	of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Option \$ 5.00 Certificate of Status (O	al)