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

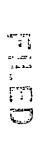




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COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Frantastic Gooks LLC Name of Limited Liability Company			
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
- Frances Addes			
Name of Person			
Firm/Company			
PO Box 780663			
Address			
Schastian FL 32978			
Dy Fran Adde a gmail com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Frances Addes at (321) 368-6464 Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:			
☐\$125.00 Filing Fee Certificate of Status ☐\$155.00 Filing Fee & Certificate of Status ☐\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)			

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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 "L.L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
13537 US HWY 1 PMBIOI	po box 780663
Sebastian FL 32958	Sebastian FL 32978

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:

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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)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MG-R	Frances Added Po Bix 780663 Sebastian FL 32918
	202
<u> </u>	01 20 P110
(Use attachment if necessary)	28
If an effective date is listed, the date must be s he date of filing.)	the of filing:
This document is exec	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any fa constitutes a third degr	lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
<u>Fra</u>	Typed or printed name of signce

as

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)