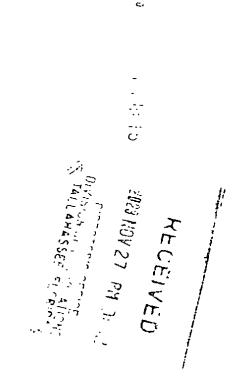
# L23000523934

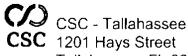
	(Requestor's Name)	
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	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
	,	
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PICK-UP	P WAIT	MAIL
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	(Business Entity Name)	
	(Business Entity Marie)	
	(Daywood Marchael	
	(Document Number)	
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Office Use Only



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Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 11/27/23 Order #: 1323245-2

Re: Limmy Holdings, LLC Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number: 120000000195

AUTH: Squell Ble man

Please take the following action well ble man

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

# **COVER LETTER**

	New Filing Sec Division of Co					
SUBJEC:	v ´	oldings, LLC				
SUBJEC	·	Nam	e of Limited	Liabilit	/ Company	
The enclos	sed Articles of	Organization and f	cc(s) are sul	omitted fo	or filing.	
Please ren	um all corresp	ondence concerning	this matter	to the fol	lowing:	
	Sonia K. Lo	we, Paralegal				
			N	ame of P	erson	
	Baker & Ho	stetler LLP				
			F	irm/Com	pany	
	200 Civic C	enter Drive, Suite 1	200			
				Addres	S	
	Columbus, 0	Ohio 43215				
	vuette@eight	kinvestinents.com	City/S	tate and	Zip Code	
	<del></del>		be used for f	iiture ani	nual report notificati	on)
For further i	information co	nceming this matter	r, please call	l:		
	Sonia K. Lov	we	614 at (	١	462-4701	
	Nam	ne of Person	Area C		Daytime Telephone	e Number
Enclosed i	is a check for t	he following amour	nt:			
	0 Filing Fee	□\$130.00 Filing Certificate of Sta	g Fee &	Certified	00 Filing Fee & Copy copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division P.O. B	ag Address iling Section on of Corporations ox 6327 assee, FL 32314		N T1 24	creet Address cw Filing Section Di the Centre of Tallaha 115 N. Monroe Street allahassee, FL 32301	ssee et, Suite 810

# ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

The name of the Limited Liabilit	y Company is:		
Limmy Holdings. LL	C		
		Liability Con	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	ddress of the principal of	office of the L	imited Liability Company is:
Princips	al Office Address:		Mailing Address:
17 West Pine Street,	2nd Floor		17 West Pine Street, 2nd Floor
Orlando, Florida 328			Orlando, Florida 32801
another business entity with an a The name and the Florida street a	•	d agent are:	
	1201 Hays Street		
	Florida street addres	s (P.O. Box	NOT acceptable)
	Tallahassee	FL	32301
	City	State	Zip
place designated in this certificate, further agree to comply with the pro	I hereby accept the app ovisions of all statutes re ligations of my position Corporation Serv	cointinent as re elating to the as registered ice Compan ice Agent's	Signature (REQUIRED)
		(CONTIN	U <b>ED)</b>

2675

₹.

# ARTICLE IV-

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

"MGR" = Mar <u>MGR</u>	athorized Member rager	
	<del>-</del>	Deko Management, LLC
NOIX.		17 West Pine Street, 2nd Floor
		Orlando, Florida 32801
		· · · · · · · · · · · · · · · · · · ·
(Use attachmer	nt if necessary)	
		at meet the applicable statutory filing requirements, this date will not be
	e date on the Departme	· · · · · · · · · · · · · · · · · · ·
nent's effective E VI: Other pro	e date on the Departine  ovisions, if any.	nt of State's records.
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