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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 St	tatus
Special Instructions to	Filing Officer.	

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Lotus Bloom Name of Lim	Support Services LLC ited Liability Company	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
· · · / · · /	Name of Person	
Lotus BI	Gum Separt ServiceS!/(Firm/Company	
2603 mc/	Address	
- tgavin2	ty/State and Zip Code Oblo for future annual report notification)	
For further information concerning this matter, please	·	
Tiffany Gavings (Name of Ferson Are	850 , 405-071/ ea Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
□\$125.00 Filing Fee	U\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) U\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address	Street Address	
New Filing Section	New Filing Section Division	
Division of Corporations P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
Tallahassee, FL 32314	Tallahassee, FL 32303	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

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:	
2603 McKeither Ct.	1003 McKeither Cl-
Tallabassel, Fl 32304	Tallahasser, El 32304

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.

(CONTINUED)

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company: Title: "AMBR" = Authorized Member "MGR" = Manager "MGR" = Ma

REOUIRED SIGNATURE:

ARTICLE VI: Other provisions, if any.

Signature of a member or an authorized representative of a member.

This document is executed in accordance with lection 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State

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constitutes a third degree felony as provided for in \$.817.155, F.S.

Typed or printed name of signed

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)