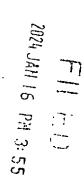
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2024 JAN 16 PM 3:

TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624 PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$125.00 AUTHORIZATION SIGNATURE: _____ Airport Assistant Angel **BUSINESS** Document ___ Pick up time____ Walk in Will wait Mail out Certified copy of articles of incorporation Certified of Status Certificate of Status **AMMENDMENTS NEW FILINGS** Amendment Profit Resignation of R.A. Officer/Director Not for Profit ___ Change of Registered Agent X Limited Liability Dissolution/Withdrawal Domestication Merger Other CORP . Conversion REGISTERATION/QUALIFICATIONS OTHER FILINGS ___ Foreign filing Annual Report Limited Partnership Reinstatement Fictitious Name Other APOSTIL()

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

EXAMINER'S INITIALS:

COVER LETTER

	lew Filing Sec Division of Cor				
oun irea		ASSISTANT ANGE	L, LLC		
SUBJECT	ı:	Name o	of Limited Lia	bility Company	
The enclos	sed Articles of	Organization and fee	(s) are submitt	ed for filing.	
Please rett	urn all correspo	ondence concerning th	nis matter to th	e following:	
	JENNIFER I	L. HINES			
			Name	of Person	
	GLASS SLI	PPER SERVICES, L	LC		
			Firm	Company	
	603 SEALO	FTS DRIVE #412			
			Ac	idress	
	BOYNTON	BEACH, FL 33426			,
	JEN@GLAS	SSLIPPERSERVICE	•	and Zip Code	
	1	E-mail address: (to be	used for futur	e annual report notificat	ion)
For further	information co	ncerning this matter,	please call:		
	JENNIFER I	L. HINES	321 at (304-7448	
	Nam	e of Person	Area Code		ne Number
Enclosed	is a check for t	he following amount:			
≣\$125.0	0 Filing Fee	□\$130.00 Filing F Certificate of State	ıs Cer	155.00 Filing Fee & tified Copy onal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ig Address		Street Address	
	New Filing Section Division of Corporations			New Filing Section Division The Centre of Tallahassee	
	P.O. Box 6327 2415 N. Monroc Street, Suite 810		et, Suite 810		
	Tallahassee, FL 32314 Tallahassee, FL 32303		,,,		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Mi	ast contain the words "Limited Lia	bility Company,	, "L.L.C.," or "LLC.")		
ARTICLE II - Address The mailing address and	street address of the principal offic	ce of the Limited	I Liability Company is:		
j	Principal Office Address:		Mailing Address:		
603 SEALOF	TS DRIVE				
#412					
DOMETON	NE A CTT PT 22427				
ARTICLE III - Register	BEACH, FL 33426				
ARTICLE III - Register (The Limited Liability Co another business entity v	red Agent, Registered Office, & ompany cannot serve as its own Registra an active Florida registration.)	egistered Agent.	You must designate an individual or		
ARTICLE III - Register (The Limited Liability Co another business entity v	red Agent, Registered Office, & ompany cannot serve as its own Registr an active Florida registration.) a street address of the registered agont in the server and the server address of the registered agont in the server as a server as	egistered Agent.	You must designate an individual or		· · · · · · · · · · · · · · · · · · ·
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ARTICLE III - Register (The Limited Liability Co another business entity v	red Agent, Registered Office, & ompany cannot serve as its own Registr an active Florida registration.) a street address of the registered agont in the server and the server address of the registered agont in the server as a server as	egistered Agent. gent are:	You must designate an individual or	2024 JAN 16	
ARTICLE III - Register (The Limited Liability Co another business entity v	red Agent, Registered Office, & ompany cannot serve as its own Registr an active Florida registration.) a street address of the registered ago JENNIFER L. HINES	egistered Agent. gent are:	You must designate an individual or	2024 JAN 16 PM 3:	
ARTICLE III - Register (The Limited Liability Co another business entity v	red Agent, Registered Office, & ompany cannot serve as its own Registra an active Florida registration.) a street address of the registered ago JENNIFER L. HINES 603 SEALOFTS DR #4	egistered Agent. gent are:	You must designate an individual or	2024 JAN 16 PM	

further agree to comply with the provisions of all statutes relating to the proper and complete performance of my du am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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 MGR	GLASS SLIPPER SERVICES, LLC 603 SEALOFTS DRIVE #412 BOYNTON BEACH, FL 33426
	
	
(Use attachment if necessary)	
(If an effective date is listed, the date must be sp the date of filing.)	c of filing: 1/15/2024 . (OPTIONAL) secific 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 as
ARTICLE VI: Other provisions, if any.	of State's records.
REQUIRED SIGNATURE:	m2
This document is execu I am aware that any falso	ted in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
<u> </u>	Typed or printed name of signee

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)