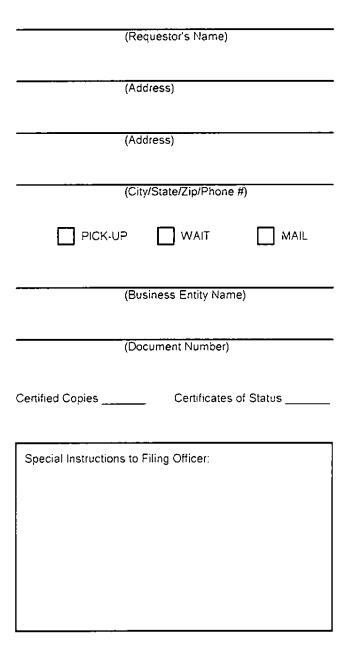
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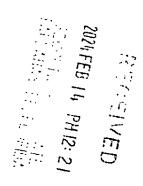


Office Use Only



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02/14/24--01003--014 **160.00







COVER LETTER

TO: New Filing Sec Division of Cor				
SUBJECT:	marity Enternance of Line	expriseS LLC ited Liability Company		
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspo	ondence concerning this ma	tter to the following:		
	Tamara Smi	Name of Person		
		Firm/Company		
2301 Domingo Dr				
Tallahassee F1 32304 City/State and Zip Code tamasmithagmail.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
		254) 559-462 rea Code Daytime Telephon		
Enclosed is a check for t	he following amount:			
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☑\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address New Filing Section		Street Address New Filing Section Di	ivision	

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

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

The name of the Limited Liability Company is:				
Tamarity Enterprises	s LLC			
(Must contain the words "Limited Liabilit	y 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:	Mailing Address:			
2301 Damingo Dr.	2301 Domingo Drive			
Tallahassee, PL 32304	Tallahassee FL 37304			
ARTICLE III - Registered Agent, Registered Office, & Reg	istered Agent's Signature:			
(The Limited Liability Company cannot serve as its own Regist	ered Agent. You must designate an individual or			

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

ARTICLE I - Name:

Tamara Smith

Name

2301 Damingo Dr

Florida street address (P.O. Box NOT acceptable)

Tatlahassec FL 32304

City State Zip

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 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 AMBR (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _____ (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. **REOUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

Filing Fees:

Smith

I am aware that any false information submitted in a document to the Department of State

Typed or printed name of signee

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)

amara

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

\$ 5.00 Certificate of Status (Optional)