L24000013990

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	MAIL MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				





700422394457

01/23/24--01036--018 **180.00

7024

COVER LETTER

TO:	New Filing Sec Division of Cor				
SUBJEC	CO-EDGE				
SUBJEC		Name	of Limited Lia	ibility Company	
The encl	osed Articles of	Organization and fee	(s) are submit	ted for filing.	
Please re	turn all correspo	ondence concerning the	nis matter to t	he following:	
	HELEN M. I	ROPER, ESQUIRE			
			Name	e of Person	
	LAW OFFIC	CE OF HELEN M. R	OPER		
			Firm	/Сотралу	
	1384 NW 14	4 AVENUE,			
	 "		A	ddress	
	PEMBROKI	E PINES, FLORIDA	, 33028.		
		1	City/State	and Zip Code	
	hmsroper@ao		used for futu	re annual report notificat	ion)
For furthe		ncerning this matter,			,
HELEN ROPER 9		954 at (392 1035		
		Area Cod	e Daytime Telephon	e Number	
Enclosed	l is a check for the	he following amount:			
□\$125.	00 Filing Fee	□\$130.00 Filing I Certificate of Stat	us Ce	\$155.00 Filing Fee & rtified Copy ional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327			Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
Tallahassee, FL 32314			Tallahassee, FL 32303		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	.C	·	
(Must	contain the words "Limited Liab	lity Company, "L.L.C.," or "LLC.")	
RTICLE II - Address:			
	eet address of the principal office	of the Limited Liability Company is:	
<u>Pri</u>	ncipal Office Address:	Mailing Address:	
13192 NW 23RI	STREET.	SAME	
PEMBROKE PI RTICLE III - Registered the Limited Liability Component business entity with	NES, FL 33028 Agent, Registered Office, & R	egistered Agent's Signature: istered Agent. You must designate an indiv	vidua
PEMBROKE PI RTICLE III - Registered The Limited Liability Commother business entity with	NES, FL 33028 Agent, Registered Office, & R pany cannot serve as its own Reg an active Florida registration.) reet address of the registered age	egistered Agent's Signature: istered Agent. You must designate an indiv	vidua
PEMBROKE PI RTICLE III - Registered The Limited Liability Commother business entity with	NES, FL 33028 Agent, Registered Office, & Registered as its own Register an active Florida registration.)	egistered Agent's Signature: istered Agent. You must designate an indi- nt are:	vidua
PEMBROKE PI RTICLE III - Registered The Limited Liability Commother business entity with	NES, FL 33028 Agent, Registered Office, & Repany cannot serve as its own Registant an active Florida registration.) reet address of the registered age	egistered Agent's Signature: istered Agent. You must designate an indi- nt are:	vidua
PEMBROKE PI RTICLE III - Registered The Limited Liability Commother business entity with	NES, FL 33028 Agent, Registered Office, & Repany cannot serve as its own Registant an active Florida registration.) reet address of the registered age IAN DAVIS Na	egistered Agent's Signature: istered Agent. You must designate an indivent are: me	vidua
PEMBROKE PI RTICLE III - Registered The Limited Liability Commother business entity with	NES, FL 33028 Agent, Registered Office, & Repany cannot serve as its own Registant an active Florida registration.) rect address of the registered age IAN DAVIS Na 13192 NW 23RD, STREI	egistered Agent's Signature: istered Agent. You must designate an indivent are: me	vidua

11 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered gent Signature (REQUIRED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR/MGR	IAN DAVIS 13192 NW 23RD STREET. PEMBROKE PINES FL 33028.
(Use attachment if necessary)	
f an effective date is listed, the date must be e date of filing.)	late of filing: JANUARY 15TH, 2024 (OPTIONAL) especific and cannot be more than five business days prior to or 90 days after our meet the applicable statutory filing requirements, this date will not be listed ent of State's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
·	
This document is exe I am aware that any f	member or an authorized representative of a member. Souted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
IAN DAVIS	
	Typed or printed name of signee
	Filing Foos

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

as