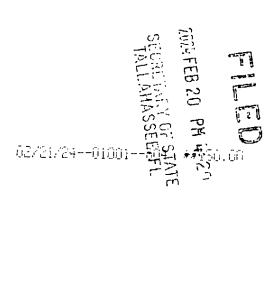
# C24000084905

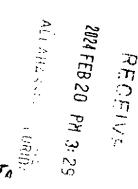
| (Requestor's Name)                      |
|-----------------------------------------|
|                                         |
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer  |
| <del></del>                             |
| et en en                                |
|                                         |
|                                         |

Office Use Only



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### **COVER LETTER**

| TO: New Filing Se<br>Division of Co |                                              |                                                                     |                                                                                              |                                |
|-------------------------------------|----------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------|
| SUBJECT: K                          | ita's Klo Name of Lin                        | Set LLC nited Liability Company                                     |                                                                                              |                                |
|                                     |                                              |                                                                     |                                                                                              |                                |
| The enclosed Articles of            | Organization and fee(s) are                  | submitted for filing.                                               |                                                                                              |                                |
| Please return all corresp           | ondence concerning this ma                   | tter to the following:                                              |                                                                                              |                                |
|                                     | <u>Shankita</u>                              | Parks<br>Name of Person                                             |                                                                                              |                                |
| _: 2                                | 241 N.                                       | Monroe S                                                            | +#1495                                                                                       |                                |
| 1                                   | gllahassa                                    | FL: 32                                                              | 303                                                                                          |                                |
|                                     |                                              | Address                                                             |                                                                                              |                                |
|                                     |                                              | ity/State and Zip Code                                              |                                                                                              |                                |
| ( 4                                 | 2000 KitaKli                                 | set of                                                              |                                                                                              |                                |
|                                     | E-mail address: (to be used                  | for future annual report notificati                                 | ion)                                                                                         |                                |
| For further information ec          | oncerning this matter, please                | call:                                                               |                                                                                              |                                |
|                                     | /                                            |                                                                     | FEB.                                                                                         | C. SEL-SE                      |
| Shar                                | KHA Parksail 8                               | 350 <u>48010</u>                                                    |                                                                                              | ر تجريع<br>ن ديمين<br>ان انجين |
| Nan                                 | ne of Person Ar                              | rea Code Daytime Telephon                                           | e Number SEE S                                                                               | المستريخ<br>آنا                |
| Enclosed is a check for t           | the following amount:                        |                                                                     | E. F. T.                                                                                     |                                |
|                                     |                                              | □\$155 00 Elling Eq. 9.                                             | □S160.00 Filing Fee.                                                                         |                                |
| □\$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) |                                |
| \$ 5 ili-                           | Add                                          | Canada Addissa                                                      |                                                                                              |                                |

# Mailing Address

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

Street Address 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| (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: Mailing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 79119hassee FL 32303 Tallanessee, FL 32503                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 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:  Short Parks  Name                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Florida street a S. Virginia 8+ Florida street a S. Dok NOT acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| - 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 heroby 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 familiar with and accept the obligations of my position pregistered agent as provided for in Chapter 605, F.S. |  |
| Registered Agent's Signature (REQUIRED)                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| (CONTINUED) (CONTINUED)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| STATE 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |

| Title: "AMBR" = Authorized Member "MGR" = Manager  AMB ~                                                                                         | Sharrita Parks<br>2241 N. Monroe St #1495                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ambi<br>Ambi                                                                                                                                     | Tailana ssee # 32303  Benjamin South  2241 N. Monroe St #1495  Tailanassee FL 32303  Cabriel James  Jay N. Monroe St #1495                                                                                           |
| the date of filing.)                                                                                                                             | filing: (OPTIONAL) ic 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 document's effective date on the Department of SARTICLE VI: Other provisions, if any. | t the applicable statutory filing requirements, this date will not be listed as State's records.                                                                                                                     |
| This document is executed<br>I am aware that any false inf                                                                                       | per or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State-lony as provided for in s.817.155, F.S. |
| Sharki                                                                                                                                           | ta Parts  Yeld or printed name of signee                                                                                                                                                                             |

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

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)