124000086782

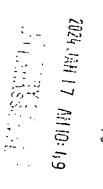
(Rec	questor's Name)	
(Add	dress)	
(Add	iress)	
(/100	11033)	
	<u>. </u>	<u></u>
(City	//State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Name	e)
(500	miless Emily Harri	<i>-,</i>
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Canada Instructions to 5		
Special Instructions to F	ning Officer:	
_		

Office Use Only



800422025908

01/17/24--01027--025 **130.00



COVERLETTER

ro:	New Filing Sec Division of Cor				
.21 13 112	Oilean Ho	klings, LLC			
SUBJE	· I:	Name of	l imited l iabil	ity Company	
The enc	losed Articles of	Organization and feets	are submitted	for filing	
Płease r	etum all correspo	ondence concerning this	matter to the I	ollowing	
	Candice Ba	ker			
			Name of	Person	
			Firm Co	mpany	
	183 Tillis L	ane			
			Addr	ess	
	Crawfordy	He Florida 32327			
			City/State an	d Zip Code	
		nholdings@gmail.com			
		E-mail address: (to be u	sed for future :	innuai repore nouneau	OH
For furth	er information co	neerning this matter, pl	ease call:		
	Candice Bal	ker at	540	295-1622	
	Nam	ne of Person	Area Code	Daytime Telephon	e Number
Enclose	d is a check for t	he following amount:			
	,00 Filing Fee	■\$130,00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	Z\$160,00 Filing Tee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mai <u>lio</u>	ig Address		Street Address	
	New F	iling Section		New Filing Section D The Centre of Tallah	
	Divisio p.a. re	on of Corporations ax 6327		2415 N. Monroe Stre	
	r.O. O Tallah	assee, FL 32314		Tallahassee, FL 3230	3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u>Oilean Holdings.</u>	LLC			-
(Must co	ontain the words "Limited	Liability Company, "	L.L.C" or "LLC. →	
ARTICLE II - Address: The mailing address and stree	t address of the principal o	ffice of the Limited I	liability Company is:	
Princ	ipal Office Address:		Mailing Addre	<u>ss</u> :
Candice Baker		Cand	ice Baker	
183 Tillis Lane			Fillis Lane	
Crawfordville, Fl ARTICLE III - Registered A (The Limited Liability Compa	Agent, Registered Office, my cannot serve as its own	& Registered Agent Registered Agent, Yo	fordville, Florida 32327 's Signature: ou must designate an indi	viduał or
Crawfordville, Fl ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, any cannot serve as its own an active Florida registratio	& Registered Agent Registered Agent, Yo m.)	's Signature:	
Crawfordville, Fl ARTICLE III - Registered A (The Limited Liability Compa	Agent, Registered Office, any cannot serve as its own an active Florida registratio	& Registered Agent Registered Agent, Yo m.)	's Signature:	
Crawfordville, Fl ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, any cannot serve as its own an active Florida registratio	& Registered Agent Registered Agent, Yo m.)	's Signature:	
Crawfordville, Fl ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, my cannot serve as its own in active Florida registratio et address of the registered	& Registered Agent Registered Agent, Yo m.)	's Signature:	
Crawfordville, Fl ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, my cannot serve as its own in active Florida registratio et address of the registered Candice Baker 183 Tillis Lane	& Registered Agent, Youn,) Lagent are:	's Signature: ou must designate an indi	
Crawfordville, Fl ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, my cannot serve as its own in active Florida registratio et address of the registered Candice Baker	& Registered Agent, Youn,) Lagent are:	's Signature: ou must designate an indi	
Crawfordville, Fl ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, my cannot serve as its own in active Florida registratio et address of the registered Candice Baker 183 Tillis Lane	& Registered Agent, Youn,) Lagent are:	's Signature: ou must designate an indi	2024 JAH 17 AH 10: 4.9

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. Thereby 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:	
"AMBR" Authorize	ed Member	
"MGR" Manager		
AMBR	Candice Baker	_
1.13.11411.	183 Tillis Lane	
	Crawfordvalle, Florida 32327	-
		_
		_,
	r <u></u>	:
	<u> </u>	· · · · · · · · · · · · · · · · · · ·
		- :
		:
	ϵ_{i}	· ·
		- 5
		_
		-5.
(Use attachment if ne		ν.
CLE V: Effective date, if effective date is listed, the of filing.) If the date inserted in the	f other than the date of filing:) day
CLE V: Effective date, if effective date, if the of filing.) If the date inserted in the cument's effective date of the date of the date of the cument's effective date of the	f other than the date of filing:) day
CLE V: Effective date, if effective date is listed, the of filing.) If the date inserted in the	f other than the date of filing:) day
CLE V: Effective date, if effective date is listed, if te of filling.) If the date inserted in the cument's effective date of	f other than the date of filing:) day
CLE V: Effective date, if effective date is listed, if te of filling.) If the date inserted in the cument's effective date of	f other than the date of filing:) day
CLE V: Effective date, if effective date is listed, if te of filling.) If the date inserted in the cument's effective date of	f other than the date of filing:) day
CLE V: Effective date, if effective date is listed, if te of filling.) If the date inserted in the cument's effective date of	f other than the date of filing:) day
CLE V: Effective date, if effective date is listed, the of filing.) If the date inserted in the cument's effective date of CLE VI: Other provision REQUIRED SIGNA	f other than the date of filing:) day
CLE V: Effective date, if effective date is listed, the of filing.) If the date inserted in the cument's effective date of CLE VI: Other provision REQUIRED SIGNA	f other than the date of filing:	day
CLE V: Effective date, if effective date is listed, the of filing.) If the date inserted in the cument's effective date of CLE VI: Other provision REQUIRED SIGNA This	f other than the date of filing:	day
CLE V: Effective date, if effective date is listed, the te of filing.) If the date inserted in the cument's effective date of CLE VI: Other provision REQUIRED SIGNA This Lam	fother than the date of filing:	day

5 30.00 Certified Copy (Optional)5 5.00 Certificate of Status (Optional)