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ALLIANCE

2024

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MODERN OUTLOOK X, LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

111 - Pender's Printing - Tallahassee, FL 32301

- ____ Art of Inc. File _____
- ____ LTD Partnership File _____
- ____ Foreign Corp. File _____
- ____ L.C. File _____
- ____ Fictitious Name File _____
- ____ Trade/Service Mark _____
- ____ Merger File _____
- ____ Art. of Amend. File _____
- ____ RA Resignation _____
- ____ Dissolution / Withdrawal _____
- ____ Annual Report / Reinstatement _____
- ____ Cert. Copy _____
- ____ Photo Copy _____
- ____ Certificate of Good Standing _____
- ____ Certificate of Status _____
- ____ Certificate of Fictitious Name _____
- ____ Corp Record Search _____
- ____ Officer Search _____
- ____ Fictitious Search _____
- ____ Fictitious Owner Search _____
- ____ Vehicle Search _____
- ____ Driving Record _____
- ____ UCC 1 or 3 File _____
- ____ UCC 11 Search _____
- ____ UCC 11 Retrieval _____
- ____ Courier _____

COVER LETTER

TO: NEW FILING SECTION
DIVISION OF CORPORATIONS

SUBJECT: MODERN OUTLOOK X, L.L.C.

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHELE DIGLIO-BENKIRAN, ESQUIRE
LEGAL COUNSEL, P.A.
13330 W. COLONIAL DRIVE, #110
WINTER GARDEN, FLORIDA 34787

MICHELE@LEGALCOUNSELPA.COM

For further information concerning this matter, please call:

MICHELE DIGLIO-BENKIRAN, ESQ. AT 407-982-4321

Enclosed is a check for the following amount:

<u>X</u> \$125 Filing Fee	_____ \$130 Filing Fee & Certificate of Status	_____ \$155 Filing Fee & Certified Copy Additional copy is enclosed	_____ \$160 Filing Fee, Certificate of Status \$ Certified Copy Additional copy is enclosed
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Mailing Address

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

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company is:

MODERN OUTLOOK X, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

PRINCIPAL OFFICE ADDRESS:
604 COURTLAND STREET #180
ORLANDO, FLORIDA 32804

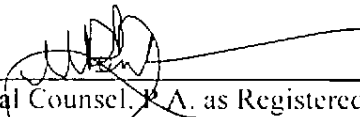
MAILING ADDRESS:
604 COURTLAND STREET #180
ORLANDO, FLORIDA 32804

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 active Florida registration.)

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

Legal Counsel, P.A.
13330 W. Colonial Drive, #110
Winter Garden, Florida 34787

Having been named as registered agent and to accept service of process for MODERN OUTLOOK X, LLC, 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 posing as registered agent as provided for in Chapter 605, F.S.



Legal Counsel, P.A. as Registered Agent

By: Michele Diglio-Benkiran, Pres.

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

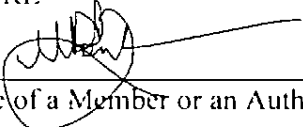
MGR

MODERN OUTLOOK, LLC
1309 COLLEEN AVENUE, STE. 1200
SHERIDAN, WY 82801

ARTICLE V – Effective date, if other than the date of filing _____
(optional – cannot be more than five business days prior to or 90 days after the date of filing)

ARTICLE VI – Other Provisions, if any. _____

REQUIRED 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. I am aware that any false information submitted in document to the Department of the State constitutes a third-degree felony as provided for in section 817.155, Florida Statutes.

MICHELE DIGLIO-BENKIRAN, Authorized Representative

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)

The name and address of the registered agent and office is:

MICHELE DIGLIO-BENKIRAN, ESQ.
LEGAL COUNSEL, P.A.
13330 W. Colonial Drive, #110
Winter Garden, Florida 34787



MICHELE DIGLIO-BENKIRAN, ESQ. 4/6/2024 Date

4/6/2024