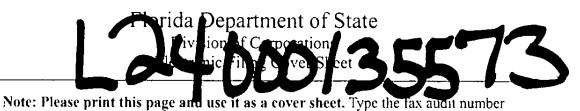
Fax: (850) 617-6381 Division of Corporations Page: 1 of 4 03/22/2024 3:14 PM H240001095003



(shown below) on the top and bottom of all pages of the document.

(((H24000109500 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LIESER SKAFF ALEXANDER, PLLC

Account Number : I20150000057

Phone : (813)280-1256

Fax Number : (813)251-8715

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___richard.gillam@me.com_

FLORIDA LIMITED LIABILITY CO. 3DFoundry LLC

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Page Count	03
Estimated Charge	\$125.00

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Help



1/1

	COVER LETTER A 4
TO: New Filing Section Division of Corporati	dons · ·
3DFoundry LLC	
	Name of Limited Liability Company
The control Action 60	traction and Grafe Norwall Broad Grafe Street
_	ization and fcc(s) are submitted for filing.
Please return all correspondence	e concerning this matter to the following:
Ghada Skaff	
 	Name of Person
Lieser Skaff, PLLC	
	Firm/Company
	Timbeompary
403 N. Howard Ave	2
	Address
Tampa, FL 33606	
	City/State and Zip Code
notice@lieserskaff.co	
E-mail	address: (to be used for future annual report notification)
or further information concerning	ng this matter, please call:
Ghada Skaff	813 280-1256
Name of Pe	st () erson Area Code Daytime Telephone Number
140010 011	

Certified Copy

(additional copy is enclosed)

Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Taliahasscc, FL 32314

Certificate of Status

(additional copy is enclosed) Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certificate of Status &

Certified Copy _;

ARTICLES OF	FORGANIZATION FOR	FLORIDA LI	MITTED LIABILITY COMPANY	
ARTICLE I - Name:				
The name of the Limited Liabilit	ty Company is:			
3775				
3DFoundry LLC	at a standard of the feet	Lishiis Con	(II 1 C N - (II 1 C N)	
(Must cont	Bin the Words "Limited	Liability Con	npany, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street a	ddress of the principal o	ffice of the L	imited Liability Company is:	
3			,,	
<u>Princip</u>	al Office Address:		Mailing Address	<u>s</u> :
	-1 1 114-4			
7842 Land O Lakes I			7842 Land O Lakes Blvd, #170	
Land O Lakes, Florid	la 34638		Land O Lakes, Florida 34638	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own active Florida registration address of the registered	Registered / on.)	Agent. You must designate an indiv	idual or
	Lieser Skaff, PLLC			
		Name		
	403 N. Howard Ave			
	Florida street addres	s (P.O. Box I	NOT acceptable)	
	Tampa	FL	33606	
	City	State	Zip	
Having heen named as repletered i	agent and to accept serv	ice of process	for the above stated limited liability	v company at i

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

H240001095003

To:

H240001095003

Litle: 'AMBR" = Authorized Member	Name and Address:	
MGR" = Manager		
AMBR	Richard Gillam	
	Richard Gillam 19737 Lonesome Pine Dr Land O Lakes, F1. 34638	
	Cana O Cases, F.C. 54050	

		· ·
		
V: Effective date, if other than the titve date is listed, the date must be filing.)	date of filing: (OPTION) to e specific and cannot be more than five business days price	or to or 90 days
EV: Effective date, if other than the ettve date is listed, the date must be filling.) the date inserted in this block does nent's effective date on the Department's	not meet the applicable statutory filing requirements, this do	or to or 90 days
ettive date is listed, the date must be filling.) the date inserted in this block does nent's effective date on the Department's Other provisions, if any.	not meet the applicable statutory filing requirements, this do	or to or 90 days
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