L2400014036/

(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:





700425452547

03/27/24--01016--015 **160.00





COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Waukeevah A)R L/C Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stan Montot
WaukeeNah Firm/Company
9955 Waukeenah Huy Address
City/State and Zip Code Stanton Monroe & grand. Corry E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report positication)
For further information concerning this matter, please call:
Stan at (350) 510-4932 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)

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

A	K'	T	C	L,	E	Į	-	`	a	m	e	:
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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:
10.17	•
1811 W. CApps Huy	
monticello FC	9955 WAUKEENAh Huy
	Montala, Pl 32344
	· · · · · · · · · · · · · · · · · · ·

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:

STAN MONTURE

Name

9955 Wankeenah Huy.

Florida street address (P.O. Box NOT acceptable)

Montrello FL 32344

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 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)

1011 MA FILE C SEE FISALE SEE FISALE SEE FISALE

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
<u>MG-R</u>	Star Monroe 9755, WAUKENSH Homy MONTICITO FL. 323012
AMBR.	LAMONT FL 32336
Ambr	Langdon Flowers 1817 WCAPPS Huy MONHICH FL 32344
(Use attachment if necessary)	
If an effective date is listed, the date must be sp he date of filing.)	e of filing:
ARTICLE VI: Other provisions, if any.	or state streeties.
REQUIRED SIGNATURE:	
	in Monod
This document is exect I am aware that any fals	ember or an authorized representative of a member, atted in accordance with section 605.0203 (1) (b), Florida Statutes, are information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.
5+	ZW MONROE Typed or printed name of signee
	Typed 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)
\$ 5.00 Certificate of Section (Control of Section (Cont

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)