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T. MATTHEMS

APR - 4 2024

TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STIRTECT.

(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization \$ 25.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30. Please send one check for the total amount made payable to the Florida Department of State.

ED (M)	COREGORY V. ANZRIEGE SR
rkowi.	Name (Printed or typed)
	Lein West 44th Street Apt 111
	Address
	JACKSONVILLE 71. 32208
	City, State & Zip
	914.803.2870
	Daytime Telephone number

E. mail Gregory A120idge S2@g mail.com

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABIUTA FOR 1941 (1915)

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

Mailing Address:

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

The name of the Limited Liability Company is:

(The Limited Liability business entity with	- Registered Agent, Registered Office, & Registered Agent's Signature: ty Company cannot serve as its own Registered Agent. You must designate an individual or another i an active Florida registration.)
The name and t	he Florida street address of the registered agent are:
	brecory V. Adridge, Siz Name
	Florida street address (P.O. Box NOT acceptable)
	SACVISCIULILE FL 3 220 8 City, State, and Zip
company at the agree to act in to proper and con	nmed as registered agent and to accept service of process for the above stated limited liability place designated in this certificate. I hereby accept the appointment as registered agent and this capacity. I further agree to comply with the provisions of all statutes relating to the applete performance of my duties, and I am familiar with and accept the obligations of my istered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Men	iber
"MGRM". UI	LECTORY V. Alleridge SR CH Len west 44 H Street Apt 111 JACKSONGILLE FT 3 2208
"MG EM"	LOREGORY V. A 1821 LGR. JE 3601 MERNAN Blub SOUTH Apt 2634 TRUSCOULLE H 32224
""MGEM"	Cherise A. ANRIGE 2703 Home coming LANG WHLORE MJ 20003
MPomil	1):ON NE 7:AIERIOGE AND LATOUR ZM. AREID 41 stone PARK Mike 5222 SEN AUE BLUE RIXLE MI) 21236 BILLE RIXLE MI) 20
(Use attachment if necessar	y)
ARTICLE V: Effective date, if o	ther than the date of filing:(OPTIONAL)
(The effective date: 1) cannot be	prior to nor more than 90 days after the date this document is filed by e; AND 2) must be the same as the effective date listed in the attached
REQUIRED SIGNATURE:	
Signature of a memb	er or an authorized representative of a member.
(In accordance with section 608.	408(3). Florida Statutes, the execution of this document constitutes an affirmation under facts stated herein are true. I am aware that any false information submitted in a State constitutes a third degree felony as provided for in s.817.155, F.S.)

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Typed or printed name of signee