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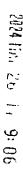
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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03/26/24--01003--009 **125.00



COVER LETTER

	ew Filing Section ivision of Corporations		
SUBJECT		Einsted Liability Company	_
The enclos	ed Articles of Organization and fee(s)) are submitted for filing.	
Please retu	m all correspondence concerning this	matter to the following:	
	Daviel Re	Page, SV.	
	The Rige.	Firm/Company	
	619 Strit	L'amnerce Ave	
	Sebung	Address 70	
-	driciardopa	City/State and Zip Code USE A Yuh UV (U) See for future annual report notification)	
For fivether is	nformation concerning this matter, pla	,	
	DAIV. e Pare at		
Enclosed is	s a check for the following amount:		~3
\$125.00 Fi	Hing Fee \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	1124 in 20
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	. 9: 0 6

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ΛD	11/1	 - Na	me:
$\alpha \mathbf{n}$		 -: 14	

The name of the Limited Liability Company is:

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
1/08 Carelina Ave	Sime
(10W.Storr, 7/, 33440	

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:

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

Sebring 13870

City State

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..

Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	STEVEN HIL
-/ <i>!!</i> / / 	1108 Carolina AVC
	- CPEW-SAM, # 33440
(Use attachment if necessary)	
Tective date is listed, the date must be spec	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after teet the applicable statutory filing requirements, this date will not be listed as
Heative date is listed, the date must be spece of filing.) If the date inserted in this block does not mument's effective date on the Department o	eet the applicable statutory filing requirements, this date will not be listed as of State's records.
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Recuired ate is listed, the date must be specifiling.) If the date inserted in this block does not mument's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE:	mber or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a mer. This document is executed.	mber or an authorized representative of a member.
REOUIRED SIGNATURE: Signature of a men This document is execute I am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State
REOUIRED SIGNATURE: Signature of a men This document is executed in aware that any false constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State effelony as provided for in s.817.155, F.S.
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