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155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 05/15/2024

NAME: BREEZYDUN LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	ew Filing Sect ivision of Corp					
	Breezydun l					
SUBJECT	`: <u></u> -	Name o	f Limited Liab	oility Company		
		Organization and fee(
Please retu	rn all correspo	ndence concerning th	is matter to the	e following:		
	Walter Brees	c				
			Name	of Person		
	Breezydun L	I.C				
			Firm/0	Company		—
	15511 Spring	tline Ln.				
			Ad	dress		
		22005				
	Ft Myers, FL	, 33905 	(*************************************	and Zip Code		
	Waltnehristie(ægmail.com	City/State	and Zip Code		
			used for futur	e annual report notificat	ion)	
For further i	information co	ncerning this matter.	please call:			
	Kyle A. Delg		516 at (300-3055		202
	Nam	e of Person	Area Code	Daytime Telephor	ie Number	
Enclosed i	is a check for th	ne following amount:			□S160.00 Filing 1	7 5
■\$125.00	0 Filing Fee	□\$130.00 Filing I Certificate of State	us Cer	155.00 Filing Fee & tified Copy onal copy is enclosed)	☐S160.00 Filing 1 Certificate of Critical Copy Certified Copy (additional copy is ex	
	New F Divisio	ng Address iling Section on of Corporations ox 6327		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Str	assec eet, Suite 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART!CLE I - Name: The name of the Limited Liabilit	y Company is:				
Breezydun LLC	· · · · · · · · · · · · · · · · · · ·	-			
(Must cont	ain the words "Limited Li	iability Company. "	L.L.C" or "LLC.")		
ARTICLE II - Address: The mailing address and street a	ldress of the principal off	fice of the Limited I	Liability Company is:		
Princip	al Office Address:		Mailing Add	ress:	
15511 Springline Ln. Ft Myers, FL 33905			15511 Springline Ln. Ft Myers, FL 33905		
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own F active Florida registration	Registered Agent, Y n.)	'ou must designate an in	dividual or	
	Walter Breese				
		Name			
	15511 Springline Ln.				
	Florida street address	(P.O. Box NOT ac	ceptable)		
	Ft Myers, FL 33905				
	City	State	Zip		
laving been named as registered lace designated in this certificate orther agree to comply with the p m familiar with and accept the o	. I hereby accept the appo rovisions of all statutes rel bligations of my position a Occusioned by Walter Bruse	iniment as registere lating to the proper	a agent and agree to act and complete performa is provided for in Chapto	curius capacity. The accept my duties, and I	

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Walter Breese	
 .	15511 Springline Ln.	
	Ft Myers, FL 33905	
(Use attachment if necessary) FICLE V: Effective date, if other than the date of	filing:	e a fit
FICLE V: Effective date, if other than the date of in effective date is listed, the date must be specificate of filing.) te: If the date inserted in this block does not mee	fic and cannot be more than five business days prior to or 90 days at the applicable statutory filing requirements, this date will not be li	
FICLE V: Effective date, if other than the date of in effective date is listed, the date must be specified of filing.)	fic and cannot be more than five business days prior to or 90 days at the applicable statutory filing requirements, this date will not be li	
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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)