124000226173

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	e #)
	MAIL
(Business Entity Nan	ne)
(Document Number)	
Certified Copies Certificates	s of Status
Special Instructions to Filing Officer	





RECEIVED 2024 MAY 22 AM 10: 55 SECRETARY OF STATE FALLAHASSEE, FLORIDA

Office Use Only

INC.		236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666				
			,			
			WALK IN			
		PICK UP:		BROOK 5/20	_	
	CERTIF	IED COPY				
xx	РНОТС	COPY				
	GS					
xx	FILING		LLC			
		EPTS GROUP 5 NAME AND DOCUMEN			TALLA.	2024 HAY
	(CORPORATE	NAME AND DOCUMEN	ζ[#)		SSEE.S	
	(CORPORATE	NAME AND DOCUMEN	\$1`#)	·		۲ ²
	CORPORATE	NAME AND DOCUMEN	ST #)			
	(CORPORATE	NAME AND DOCUMEN	CT #)			
		NAME AND DOCUMEN				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

360 Concepts Group 5 LLC

(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:
3655 S Suncoast Blvd	3655 S Suncoast Blvd
Homosassa Fl 34448	Homosassa Fl 34448

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:

Dhandeo Mohabir	2024 5.20 17.		
3655 S Suncoast Blv	HAN		
Florida street addres	122		
Homosassa	FL.	34448	
City	State	Zip	MM 9

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. The 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.

/s/ Dhandeo Mohabir

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

,

· · · ·

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MBR	Dhandeo Mohabir 3655 S Suncoast Blvd Homosassa Fl 34448 Deokumarie Mohabir 3655 S Suncoast Blvd Homosassa Fl 34448
(Use attachment if necessary)	
the date of filing)	. (OPTIONAL) cannot be more than five business days prior to or 90 days after plicable statutory filing requirements, this date will not the listed as
the document's effective date on the Department of State's	
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	

/S/ Deokumarie Mohabir

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 1 am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Deokumarie Mohabir

Typed or printed name of signce

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)