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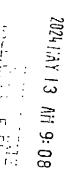
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

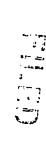
Office Use Only



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COVER LETTER

TO:	New Filing Sec Division of Cor					
SUBJE	CT:	Gorilla Hu Name of Lim	to <u>Services</u> , <u>LLC</u> nited Liability Company			
The enc	losed Articles of	Organization and fee(s) are	submitted for filing.			
Please r	return all correspo	ondence concerning this ma	tter to the following:			
		La Toya.	Jennings Name of Person			
			Firm-Company		<u></u>	
		365 Nort	4h. West. 15th	Street		
	A	ompano Bea	ich florida	33/X0	0	
	G	orilla . Deals . E-mail address: (10 be used	ity State and Zip Code Auto, Service of for future annual report notification	gmail.	<u>COM</u>	
For furth	er information co	neerning this matter, please	call:			
	<u>La Toya</u>	Jennings at (305) 340 - 702 rea Code — Daytime Telephone	U e Number		
Enclose	ed is a check for the	ne following amount:				
□\$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified C	Filing Fee, of Status & lopy opy is enclose	:d)
	New F Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assec, FL 32314	Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, F1, 32301	issee et. Suite 810	100 - 100 - 100 - 100 ST 100 S	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

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:

5379 Lyons Rd #712

COCONUT Creek, Florida

33073

Mailing Address:

5379 Lyons Rd #712

Coconut Creek, Florida

33073

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:

Name

31e5 North. West. 15th Street

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

Pompano Beach, Florida 33000

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)

(CONTINUED)

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

TAMBR* = Authorized Member *LATOYA JOHNINGS ***LAW 15 FM 44 JOHNINGS ***LAW 15 FM 44 JOHNINGS ***LAW 15 FM 45 JOHNINGS ***LAW 15 JOHNINGS *	Title:	
AMBR LaToyla Jennings Latoyla Jennings		
(Use attachment if necessary) TLE V: Effective date, if other than the date of filing:	$\bigcap \mathcal{M} \mathcal{A} \mathcal{P}$	LOTAIN LENSING
(Use attachment if necessary) TLE V: Effective date, if other than the date of filing:	_H!!!!OR	- 21 T 11 W 15 +0 C2
(Use attachment if necessary) TLE V: Effective date, if other than the date of filing:		NOM 0000 BEACH F) 330(00)
(Use attachment if necessary) ZLEV: Effective date, if other than the date of filing:	_	portification of the state of t
(Use attachment if necessary) ZLEV: Effective date, if other than the date of filing:	AMAR	Arthury Langing
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(Use attachment if necessary) T.E.V: Effective date, if other than the date of filing:		DUMPANO BEACH, PU 33040
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ELEV: Effective date, if other than the date of filing:		
REOUTRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed it accordance with section 605.0203 (1) (b). Florida Statules. I 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. ATOMA COMMON Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	ocument's effective date on the Depar	tinent of State's records.
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