1240002ul 892

(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:

Office Use Only



200431050532

0E0100240 H02001 H010 (**), 5 0

2024 JUN 10 AM 9: 47

2824 JUN 10 PM 1:2

RECEIVED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Must contain the words "Limited Liabil	LL C lity 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:
42 Roger Rd Craufordvilk fl. 32327	42 Roger Kd eraw Fardville Fl 71327
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Regi another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agen	it are:
Briga	Costa
Nar	ne
42 Roser Rd	D. Box <u>NOT</u> acceptable)
Crowfard oilk F	State Zip
City	State Zip
Having been named as registered agent and to accept service of place designated in this certificate. I hereby accept the appointm further agree to comply with the provisions of all statutes relating am familiar with and accept the obligations of my position as regional Registered in Registered in the control of the cont	ent as registered agent and agree to act in this capacity. I g to the proper and complete performance of my, duties, 2013 d. [
(CC	ONTINUED)

	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
Misc	Brian Costa 42 Rocer Rd
	Crawforduile F1 32327
TICLE V: Effective date, if other than the	he date of filing: 10 10 2024 (OPTIONAL)
date of filing.) te: If the date inserted in this block doe	t be specific and cannot be more than five business days prior to or 90 days a es not meet the applicable statutory filing requirements, this date will not be liste
date of filing.)	t be specific and cannot be more than five business days prior to or 90 days all es not meet the applicable statutory filing requirements, this date will not be listed
date of filing.) te: If the date inserted in this block doe document's effective date on the Department.	t be specific and cannot be more than five business days prior to or 90 days all es not meet the applicable statutory filing requirements, this date will not be liste
date of filing.) te: If the date inserted in this block doe document's effective date on the Department.	t be specific and cannot be more than five business days prior to or 90 days all es not meet the applicable statutory filing requirements, this date will not be lister timent of State's records.
date of filing.) te: If the date inserted in this block doe document's effective date on the Department of the Departme	t be specific and cannot be more than five business days prior to or 90 days all es not meet the applicable statutory filing requirements, this date will not be lister timent of State's records.
date of filing.) te: If the date inserted in this block doe document's effective date on the Depar	t be specific and cannot be more than five business days prior to or 90 days all es not meet the applicable statutory filing requirements, this date will not be lister timent of State's records.
date of filing.) te: If the date inserted in this block doe document's effective date on the Departure VI: Other provisions, if any. REQUIRED SIGNATURE:	es not meet the applicable statutory filing requirements, this date will not be lister than of State's records.
date of filing.) te: If the date inserted in this block doe document's effective date on the Departure of t	es not meet the applicable statutory filing requirements, this date will not be lister than of State's records.
date of filing.) te: If the date inserted in this block doe document's effective date on the Departure of TICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is I am aware that an	es not meet the applicable statutory filing requirements, this date will not be lister than of State's records. of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. my false information submitted in a document to the Department of State.
date of filing.) te: If the date inserted in this block doe document's effective date on the Departure of TICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is I am aware that an	es not meet the applicable statutory filing requirements, this date will not be liste rement of State's records. of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes.
date of filing.) te: If the date inserted in this block doe document's effective date on the Depart TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is I am aware that are constitutes a third.	es not meet the applicable statutory filing requirements, this date will not be lister than of State's records. of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. my false information submitted in a document to the Department of State.

Filing Fees;
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Feeting (Control of Feeting (Cont

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)