## L24000294088

| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
|                         | dress)            |             |
| (/\u                    | uiess)            |             |
| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |

Office Use Only



100431689041

08/25/24--01001--021 \*\*130.00

17/10/

S S S S S

| / ARTICLES  | OF ORGANIZATION FOR F   | LORIDA LIMITED I                  | JABILTIY COMPANY             |            |
|---|---|-----------------------------------|------------------------------|------------|
| ARTICLE I - Name:   |   |                                   |                              |            |
| he name of the Limited Liabi  | lity Company is:  |                                   |                              |            |
|   |   |                                   |                              |            |
| CA  | ALL 800 NAMES,<br>ntain the words "Limited Li                 | LLC                               |                              | _          |
| (Must co  | ntain the words "Limited Li                                   | iability Company, "               | L.L.C.," or "LLC.")          |            |
| ARTICLE II - Address:   |   |                                   |                              |            |
| he mailing address and street   | address of the principal off                                  | lice of the Limited I             | iability Company is:         |            |
| Deinai  | inal Office Address.  |                                   | Marilian Adda                |            |
|   | pal Office Address:   |                                   | Mailing Addre                |            |
| 795 COUNTY K  | BOR, FLORINA  | <u> 795</u>                       | COUNTY ROAD 1 LL             | ZT 149     |
| PALM ITAR   | BOR, FLORIDA  |                                   | IN HARBOR FLOR               | IDA        |
| <u> 34683</u>   |   |                                   | 34683                        |            |
| RTICLE III - Registered A The Limited Liability Compare nother business entity with ar the name and the Florida stree | ny cannot serve as its own F<br>a active Florida registration | Registered Agent. Y .) agent are: | ou must designate an ind     | ividual or |
|   |   | Name                              |                              |            |
|   | 795 COUNTY RO   | 0AO 1 LOT 14                      | 9                            |            |
|   | Florida street address (                                      |                                   |                              |            |
|   | <i>Palm Hareson</i><br>City                                   | R, FLORIDA                        | 34683                        |            |
|   | City  | State                             | Zip                          |            |
|   |   |                                   |                              |            |
| ving been named as registered   | l agent and to accept service                                 | e of process for the c            | ibove stated limited liabil: | ity compan |

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)

## ARTICLE IV-

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

| <u>me:</u><br>AMBR" = Authorized Me  | Mame and Address:  |                     |
|--|--|---------------------|
| MGR" = Manager   | moci   |                     |
| · ·  | Language and any Maria and Language  |                     |
| MGR  | LAWRENCE S, MAGNUSON 9811 COMPASS POINT WAY  |                     |
|  | TAM PA FLORIDA   |                     |
|  |  |                     |
|  |  |                     |
|  |  |                     |
|  |  |                     |
|  |  |                     |
|  |  |                     |
| <del> </del>   |  |                     |
|  |  |                     |
|  |  |                     |
|  |  |                     |
| <del> </del>   |  |                     |
|  |  |                     |
|  |  |                     |
|  | \  |                     |
| Jse attachment if necessar   |  |                     |
| tive date is listed, the dat<br>filing.)<br>he date inserted in this blo   | than the date of filing:  e must be specific and cannot be more than five business days prior  ck does not meet the applicable statutory filing requirements, this date  | to or 90            |
| V: Effective date, if other ctive date is listed, the dat filing.) he date inserted in this blo ent's effective date on the  | e must be specific and cannot be more than five business days prior ck does not meet the applicable statutory filing requirements, this date Department of State's records.  | to or 90            |
| V: Effective date, if other tive date is listed, the dat filing.) ne date inserted in this blo ent's effective date on the VI: Other provisions, if an   | e must be specific and cannot be more than five business days prior ck does not meet the applicable statutory filing requirements, this date Department of State's records.  | to or 90 e will not |
| V: Effective date, if other tive date is listed, the dat filing.) he date inserted in this blo ent's effective date on the VI: Other provisions, if an   | e must be specific and cannot be more than five business days prior ck does not meet the applicable statutory filing requirements, this date Department of State's records.  | to or 90 e will not |
| V: Effective date, if other tive date is listed, the dat filing.) ne date inserted in this bloent's effective date on the VI: Other provisions, if an EQUIRED SIGNATURE  | e must be specific and cannot be more than five business days prior ck does not meet the applicable statutory filing requirements, this date Department of State's records.  by.   | to or 90 e will not |
| V: Effective date, if other tive date is listed, the dat filing.) ne date inserted in this bloent's effective date on the VI: Other provisions, if an EQUIRED SIGNATURE  | e must be specific and cannot be more than five business days prior ck does not meet the applicable statutory filing requirements, this date Department of State's records.  by.   | to or 90 e will not |
| V: Effective date, if other tive date is listed, the dat filing.) ne date inserted in this bloent's effective date on the VI: Other provisions, if an EQUIRED SIGNATURE Signa  | e must be specific and cannot be more than five business days prior ck does not meet the applicable statutory filing requirements, this date Department of State's records.  by.  E:  The property of a member or an authorized representative of a member.  | to or 90 e will not |
| V: Effective date, if other tive date is listed, the dat filing.) ne date inserted in this blo ent's effective date on the VI: Other provisions, if an EQUIRED SIGNATURE Signa This docum  | ture of a member or an authorized representative of a member.  e must be specific and cannot be more than five business days prior ck does not meet the applicable statutory filing requirements, this date Department of State's records.  by.  E:  full the provided representative of a member.  the provided representative of a member.  The provided representative of a member of a member of a member of a member of a member.   | e will not          |
| V: Effective date, if other tive date is listed, the dat filing.) ne date inserted in this bloent's effective date on the VI: Other provisions, if an EQUIRED SIGNATURE Signa This document am aware   | ture of a member or an authorized representative of a member.  nent is executed in accordance with section 605.0203 (1) (b), Florida State any false information submitted in a document to the Department.  | e will not          |
| V: Effective date, if other tive date is listed, the dat filing.) ne date inserted in this bloent's effective date on the VI: Other provisions, if an EQUIRED SIGNATURE Signa This docum I am aware  | ture of a member or an authorized representative of a member.  e must be specific and cannot be more than five business days prior ck does not meet the applicable statutory filing requirements, this date Department of State's records.  by.  E:  full the provided representative of a member.  the provided representative of a member.  The provided representative of a member of a member of a member of a member of a member.   | e will not          |
| V: Effective date, if other tive date is listed, the dat filing.) ne date inserted in this bloent's effective date on the VI: Other provisions, if an EQUIRED SIGNATURE Signa This docum I am aware constitutes:   | E:  Aure of a member or an authorized representative of a member.  Then the executed in accordance with section 605.0203 (1) (b), Florida State that any false information submitted in a document to the Department a third degree felony as provided for in s.817.155, F.S.  | e will not          |
| V: Effective date, if other tive date is listed, the dat filing.) ne date inserted in this bloent's effective date on the VI: Other provisions, if an EQUIRED SIGNATURE Signa This docum I am aware constitutes:   | E:  Aure of a member or an authorized representative of a member.  Then the executed in accordance with section 605.0203 (1) (b), Florida State that any false information submitted in a document to the Department a third degree felony as provided for in s.817.155, F.S.  | e will not          |
| V: Effective date, if other tive date is listed, the dat filing.) ne date inserted in this bloent's effective date on the VI: Other provisions, if an EQUIRED SIGNATURE Signa This docum I am aware constitutes:   | ture of a member or an authorized representative of a member.  nent is executed in accordance with section 605.0203 (1) (b), Florida State any false information submitted in a document to the Department.  | e will not          |
| V: Effective date, if other tive date is listed, the dat filing.) ne date inserted in this blocent's effective date on the VI: Other provisions, if an EQUIRED SIGNATURE Signa This docum I am aware constitutes:  | E:  When the specific and cannot be more than five business days prior ck does not meet the applicable statutory filing requirements, this date Department of State's records.  Department of State's records.  Department of State's records.  E:  Comparison of a member or an authorized representative of a member.  The prior of a member or an authorized representative of a member.  The prior of the Department | e will not          |
| V: Effective date, if other tive date is listed, the dat filing.) ne date inserted in this blocent's effective date on the VI: Other provisions, if an EQUIRED SIGNATURE Signa This docum I am aware constitutes:  | E:  Comparison of State and cannot be more than five business days prior ck does not meet the applicable statutory filing requirements, this date Department of State's records.  Department of State's records.  Department of State's records.  Department of a member or an authorized representative of a member.  The ment is executed in accordance with section 605.0203 (1) (b), Florida State any false information submitted in a document to the Department at third degree felony as provided for in s.817.155, F.S.  Department of State's records.  Typed or printed name of signee  Filing Fees:  Tricles of Organization and Designation of Registered Agent   | swill not statutes. |
| V: Effective date, if other tive date is listed, the dat filing.) the date inserted in this blo ent's effective date on the VI: Other provisions, if an This document am aware constitutes:  \$125.00 Filing Fee for A: \$30.00 Certified Copy (                       | E:  Aurence felony as provided for in s.817.155, F.S.  Aurence felony as provided for in s.817.155, F.S.  Aurence of Organization and Designation of Registered Agent (Optional)   | swill not statutes. |
| V: Effective date, if other etive date is listed, the date filing.) he date inserted in this blocent's effective date on the VI: Other provisions, if an EEQUIRED SIGNATURE Signa This docum   am aware constitutes:   | E:  Aurence felony as provided for in s.817.155, F.S.  Aurence felony as provided for in s.817.155, F.S.  Aurence of Organization and Designation of Registered Agent (Optional)   | swill not statutes. |
| V: Effective date, if other tive date is listed, the dat filing.) ne date inserted in this blocent's effective date on the VI: Other provisions, if an EQUIRED SIGNATURE Signa This docum I am aware constitutes:  \$125.00 Filing Fee for A: \$30.00 Certified Copy ( | E:  Aurence felony as provided for in s.817.155, F.S.  Aurence felony as provided for in s.817.155, F.S.  Aurence of Organization and Designation of Registered Agent (Optional)   | swill not statutes. |