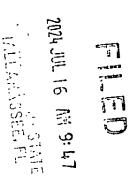
# L14000 311374

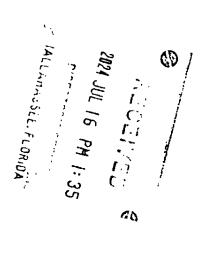
(Re	equestor's Name)	<u> </u>
(Ac	ddress)	
(Ac	ddress)	
(Cr	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	·
(De	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fili	ing Officer:	

Office Use Only



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#### Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

## incserv<sup>o</sup>

#### **ORDER FORM**

TO Florida Department of State

> The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 7/16/2024

**PRIORITY** Regular Approval

OUR REF #\_(Order\_ID#); 1269911

**ORDER ENTITY** 

CAMERONS 32, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

CAMERONS 32, LLC (FL)

New LLC filing

NOTES:

\$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, July 16, 2024 Page 1 of 1

## OF <u>CAMERONS 32, LLC</u> (a Florida limited liability company)

ARTICLES OF ORGANIZATION

The undersigned, acting as an authorized representative of a limited liability company under Chapter 605 of the Florida Statutes, the Florida Revised Limited Liability Company Act, hereby files these Articles of Organization, forming the below-described Florida limited liability

#### ARTICLE I NAME

The limited liability company's name is "CAMERONS 32, LLC" (the "Company").

company.

## ARTICLE II MAILING ADDRESS AND STREET ADDRESS

The Company's mailing address is P.O. Box 520, Silver Springs, Florida 34489. The address of the Company's principal place of business is 4749 NE 112th Avenue, Silver Springs, Florida 34488.

## ARTICLE III NAME AND STREET ADDRESS OF REGISTERED AGENT

The name of the registered agent for service of process in this state for the Company is GENIE L. GANNETT. The street address of the registered agent for the Company is 4749 NE 112<sup>th</sup> Avenue, Silver Springs, Florida 34488.

### ARTICLE IV MANAGEMENT OF THE COMPANY

The management of the Company shall be vested in its managers. Accordingly, the Company shall be a manager-managed company. The initial manager of the Company is GENIE L. GANNETT.

#### ARTICLE V EFFECTIVE DATE

These Articles of Organization shall be effective upon filing.