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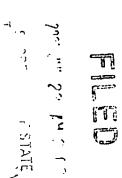
(Requestor's Name)
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(City/State/Zip/Phone #)
(Only State) Ziph Horie #1
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(Business Entity Name)
(Document Number)
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### COVER LETTER

TO: N	lew Filing Section of Corp	on, orations					
SUBJECT	Artifex Capit	tal LLC					
SODIEC	· ·	Name o	f Limited	l Liabilit	y Company		-
(T) 1	14 / 1 / 50	1.0					
		rganization and fee(			-		
Please reti	ım all correspon	dence concerning thi	s matter	to the fo	llowing:		
	Elizabeth M. E	Eakins					73
	<del></del>		۸	lame of l	Person		
	Artifex Capita	1 LLC					7 7
				irm/Cor	npany		
	3301 W Lykes	s Ave					5 T
				Addre	ss		1
	Tampa, FL 33	609					
	elizabethmrph2	@gmail.com	City/	State and	Zip Code		
	E-	mail address: (to be	used for	future ar	mual report notificati	on)	
For further	information conc	cerning this matter, p	lease cal	1:			
	Elizabeth Eaki	ns a	678 t (		492-6942		_
	Name	of Person	Area	Code	Daytime Telephon	e Number	
Enclosed i	s a check for the	following amount:					
	) Filing Fee	□\$130.00 Filing Fo	3	Certifie	.00 Filing Fec & d Copy l copy is enclosed)	Certificate Certified (	Filing Fee, e of Status & Copy opy is enclosed)
		Address ng Section			Street Address New Filing Section Di	vision	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Artifex Capital LLC (Must contai	in the words "Limited Lia	ıbility Company, "	'L.L.C.,'' or "LLC.")	<del></del>
RTICLE II - Address: he mailing address and street add	dress of the principal offic	ce of the Limited 1	Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Address:	
3301 W Lykes Avenue Tampa, FL 33609	e		W Lykes Avenue pa, FL 33609	<u>-</u>
The Limited Liability Company c	annot serve as its own Re	egistered Agent. Y	ou must designate an individual or	7000
The Limited Liability Company c nother business entity with an ac	cannot serve as its own Retive Florida registration.)	egistered Agent. Y )		7900
The Limited Liability Company c nother business entity with an ac	cannot serve as its own Retive Florida registration.)  ddress of the registered as  Elizabeth M. Eakins	egistered Agent. Y ) gent are:	ou must designate an individual or	700 20
The Limited Liability Company c nother business entity with an ac	cannot serve as its own Retive Florida registration.)  ddress of the registered as  Elizabeth M. Eakins	egistered Agent. Y )	ou must designate an individual or	nd 62
ARTICLE III - Registered Agen The Limited Liability Company e nother business entity with an ac The name and the Florida street ac	cannot serve as its own Retive Florida registration.)  ddress of the registered as  Elizabeth M. Eakins	egistered Agent. Y ) gent are: Same	ou must designate an individual or	20
The Limited Liability Company c nother business entity with an ac	cannot serve as its own Retive Florida registration.)  ddress of the registered as  Elizabeth M. Eakins  N  3301 W Lykes Avenue	egistered Agent. Y ) gent are: Same	ou must designate an individual or	nd 62

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..

(CONTINUED)

## ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Christopher Eakins AMBR 3309 W Lykes Ave Tampa, FL 33609 (Use attachment if necessary) \_\_\_\_\_. (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_ (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. **REOUIRED SIGNATURE:**

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. 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.

Elizabeth Eakins

Typed or printed name of signee

#### 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)