# U24000331600

(	Requestor's Name)	
<del></del>	<b>X-2</b>	
(	Address)	
	Address)	
(	City/State/Zip/Phone #)	
PICK-UP	TIAW	MAIL
(	Business Entity Name)	
	Document Number)	
Certified Copies	Certificates o	f Status
Special Instructions to I	Filing Officer:	
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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



# **ORDER FORM**

**TO** Florida Department of State

FROM

Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810

850.656.7953

Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

REQUEST DATE 7/31/2024

**PRIORITY** Regular Approval

OUR REF, # (Order ID#) 1274350

**ORDER ENTITY** 

A&A FLORIDA LLC

# PLEASE PERFORM THE FOLLOWING SERVICES:

A&A FLORIDA LLC\_ (FL)

Please file the attached articles and provide a certified copy.

ALLEN SEEE FAIR

NOTES:

\$155.00 Authorized

## **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

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.

Wednesday, July 31, 2024 Page 1 of 1

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A&A FLORIDA LLC  (Must contain the words "Limited Lial	bility Company, "L.L.C.," or "LLC.")
CLE II - Address:	
nailing address and street address of the principal offic	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
356 Orista Drive	2512 Blue Ridge Drive
Davenport, Florida, 33897	Edinburg, TX, 78539

The name and the Florida street address of the registered agent are:

NRAI Services, Inc.

Plantation

1200 South Pine Island

City

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..

Name

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

State

/s/ Lisa A. Delaney, Assistant Secretary for NRAI Services, Inc.

Zip

A	RT	$\mathbf{R}^{\mathbf{q}}$	l F	IV
	12 1			, , –

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

Title:	JR" = Authorized Member	Name and Address:	
	t" = Manager		
AM	· ·	Ashley Bose	
AM	<u> </u>	2512 Blue Ridge Drive	
		Edinburg, TX, 78539	
		202	
		2024 Juli	- <del>श्रीक</del>
			) <del>كا</del>
		<u> </u>	<del></del>
			<u> </u>
(Use a	ttachment if necessary)		( )
ARTICLE V: 1	Effective date, if other than the date	e of filing: (OPTIONAL)	
(If an effective o	date is listed, the date must be sp	pecific and cannot be more than five business days prior to or 90 days af	ter
the date of filing		meet the applicable statutory filing requirements, this date will not be liste	d ac
	effective date on the Department		.a as
	•		
ARTICLE VI: 0	Other provisions, if any.		
REOL	JIRED SIGNATURE:		
KLO			
	/s/ Ashley Bo		
	Signature of a me This document is execu	ember or an authorized representative of a member. ited in accordance with section 605.0203 (1) (b), Florida Statutes.	
	I am aware that any falso	the information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.	

Filing Fees:

Typed or printed name of signee

Ashley Bose