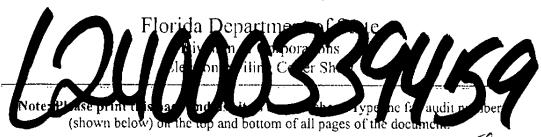
8/7/24, 1:25 PM

Division of Corporations



(((H24000265509 3)))



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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 : (305)444-4994 Phone Fax Number : (305)328-4774

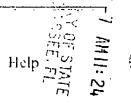
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

_	 	
Lina	 Address:	

FLORIDA LIMITED LIABILITY CO. **GET SACILLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu



AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

GET SACILLO				
(Must conu	ain the words "Limited	I Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street ac	ddress of the principal	office of the Limited	Liability Company is:	
Principal Office Address:			Malling Address:	
11763 SW 102 ST		1176	3 SW 102 ST	
MIAMI, FL 33186		MIA	MI, FL 33186	
The Limited Liability Company another business entity with an a	eannot serve as its ow etive Florida registrati	n Registered Agent. \ ion.)	t's Signature: 'ou must designate an individual c	2024 AUG
The Limited Liability Company another business entity with an a	eannot serve as its ow etive Florida registrati	n Registered Agent. \ ion.) ed agent are:		2024 AUG -
The Limited Liability Company another business entity with an a	cannot serve as its ow ctive Florida registrati address of the registere	n Registered Agent. \ ion.) ed agent are:		2024 AUG -7
The Limited Liability Company another business entity with an a	cannot serve as its ow ctive Florida registrati address of the registere	n Registered Agent. \ ion.) ed agent are: 'E		2024 AUG -7
(The Limited Liability Company another business entity with an a	cannot serve as its ow ective Florida registrati address of the registere MICHELE CHOAT 11763 SW 102 ST	n Registered Agent. \ ion.) ed agent are: 'E	ou must designate an individual o	2024 AUG -7
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its ow ective Florida registrati address of the registere MICHELE CHOAT 11763 SW 102 ST	n Registered Agent. V ion.) ed agent are: "E Name	ou must designate an individual o	2024 AUG -7 AHII: 24 SEC - AY OF STATE

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)

To:

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
<u>AMBR</u>	MICHELE CHOATE 11763 SW 102 ST MIAMI, FL 33186
	2024 A
	——————————————————————————————————————
	2-2-2-
(Use attachment if necessary)	
an effective date is listed, the date must be s date of filing.) <u>te:</u> If the date inserted in this blook does not	te of filing: 08/01/2024 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days a moet the applicable statutory filing requirements, this date will not be list
e document's effective date on the Department TICLE VI: Other provisions, if any.	n of State's records.
REQUIRED SIGNATURE:	_

MICHELE CHOATE

Typed or printed name of signec