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(/	Address)	
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08/07/24--01033--006 **160.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
	150-10

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE 1 - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

NW 42rd Ave # 309

ordale Lakes #1 33319

7500 w Commercial Blvd 1022 auderhill, FL 33319 - 2132

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Suchila House

3990 NW42nd Ave #309

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

Lauderdale Laves, FL 33319

City State Zi

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 Agon's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized Men	nber
"MGR" = Manager	
miler	Buehila Hodge
	2990 NW 4270 Ave \$309 Lauderdale Lakes, FL 33319
"	
Use attachment if necessary	()
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Charmed 6	Estates LLC
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of t	he Limited Liability Company is:
Principal Office Address:	Mailing Address:
3990 NW 42rd Ave *309	7500 w Commercial Blud 1022
Lauderdale Lakes, FL 33319	Lauderhill, FL 33319-2132
ARTICLE III - Registered Agent, Registered Office, & Register The Limited Liability Company cannot serve as its own Register mother business entity with an active Florida registration.)	
Fhe name and the Florida street address of the registered agent at	re:
Suchilo Name	a Hodge
3990 NW 42rd	Ave #309
Florida street address (P.O. E	Box NOT acceptable)
l arterdale Lav	189 EL 22310

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..

State

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

. . .

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
	Audito Hada
AMBR	SUPPLIED HOUSE
	Lauderdaie Laures, FL 33319
	
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(Use attachment if necessary)	
the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department ARTICLE VI: Other provisions, if any.	ot meet the applicable statutory filing requirements, this date will not be listed ent of State's records.
REQUIRED SIGNATURE:	
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&	uehile Ladge
Signature of a	member or an authorized representative of a member.
This document is exe	ecuted in accordance with section 605.0203 (1) (b). Florida Statutes.
	alse information submitted in a document to the Department of State
constitutes a third de	gree felony as provided for in s.817.155, F.S.
	Typed or printed name of signee
	Typed or printed name of signee
	Filing Fees:
	Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional	
\$ 5.00 Certificate of Status (Opt	ional)