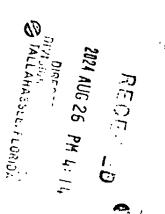
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PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
		
Special Instructions to File	ng Officer:	





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COVER LETTER

TO:

TO: New Filing Section Division of Corporations		
SUBJECT: At NOT Service 850 LLC Name of Limited Liability Company		
The enclosed Articles of Courses		
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	2024 A	_
Matt ISTAR!	202 4 AUG 26	
	T.	
Firm/Company	4 :6 HV	•
3 580 COYOTE CIECK DT		
Address		
City/State and Zip Code One of your service 8501/C @amail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:		
Name of Person Area Code Daytime Telephone Number		
cherosed is a check for the following amount:		
Certificate of Status Certified Copy (additional copy is enclosed)	&	
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing Address Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	oscd)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability C					
At You	the words "Limited Liability Com	pany, "L.L.C.," or "LLC.")			
(Minzi contain	Title words Eliminate				
ARTICLE II - Address: The mailing address and street add	ress of the principal office of the L	imited Liability Company is:			
	Office Address:	Mailing Address:			
-	Creek Dr FL 33301	3580 COYOTE CREK	01		
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an act.) The name and the Florida street a Having been named as registered place designated in this certificate.	nt, Registered Office, & Register cannot serve as its own Registered ective Florida registration.) address of the registered agent are: Math Stack Name SSO Coker Coke	ed Agent's Signature: Agent. You must designate an individual of the control of t	ty company a this capacity of my duties	2024 AUG 26 AM 9: 47 the - T	
place designated in this certificate	oravisions of all statutes relating to abligations of my position as registe.	the proper and complete performance red agent as provided for in Chapter C	of my annes	, and I	

(CONTINUED)

"AMBR" # Authorized	Name and Address:	
	d Meinber	
"MGR" = Manager		
<u>MGR</u>	Matt Israel	
	ZEGO CONHO COON Pr.	_
	TOMINALISED FL 32301	_
		-
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		_
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		- 20
		2024 AUG
		<u> </u>
(Use attachment if neces	essary)	5
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ARTICLE IV-