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TALLAHASSEE, FL

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COVER LETTER

TO: New Filing Section Division of Corpor					
SUBJECT:	Ke Pan Name of Limi	ited Liability Company			
The enclosed Articles of Org	ganization and fee(s) are	submitted for filing.			
Please return all corresponde	ence concerning this mat	ter to the following:			
_Ma	noj Bo	Name of Person			
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		Firm/Company			13SE
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2022	W. C-47	O Address	-	SC C C C C C C C C C C C C C C C C C C	*
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— Mb	x12/350	ty/State and Zip Code Or O O O O	C om		1
For further information conce	rning this matter, please	call:			
Mande of	Bajajat (Are	169 213 - Cea Code Daytime Telephon	Number		
Enclosed is a check for the f	ollowing amount:				
	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	□\$160.00 Fili Certificate of S Certified Copy (additional copy	Status &	
Mailing A	ddress	Street Address			

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:

The name of the Limited Liability Company is:		
Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")		
(L.E.C., Of BEC.)		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address: Mailing Address:		
2022 W. C-470 Lake Panasoffikee, FL 33538 Lake Panasoffikee, FL 33538		
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 contained business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	2024 SEP -3 AM 9: 47	
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 of registered agent and agree to act in this capacity. Further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, as am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S	I	

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Mandi Bajaj 2022 De 47 D Lake Pagasofekse, FL 33538
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(Use attachment if necessary)	HASS F
E V: Effective date, if other than the datective date is listed, the date must be sp filling.) the date inserted in this block does not	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior for 90 meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the date ctive date is listed, the date must be significant.) the date inserted in this block does not ment's effective date on the Department.	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior for 90 meet the applicable statutory filing requirements, this date will not
of filling.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior for 90 meet the applicable statutory filing requirements, this date will not

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)