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3006 W Julia St LLC	
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Thank you!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

3006 W Julia St LLC	The Company of the William
(Must contain the words "Limited Lial	onity Company, "L.L.C.," or "LLC.")
TICLE II - Address:	
mailing address and street address of the principal offic	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3006 W. Julia St., Unit C	3006 W. Julia St., Unit C
Tampa, FL 33629	Tampa, FL 33629
he Limited Liability Company cannot serve as its own Re	gistered Agent. You must designate an individual or
e Limited Liability Company cannot serve as its own Re ther business entity with an active Florida registration.)	gistered Agent. You must designate an individual or
ne Limited Liability Company cannot serve as its own Re other business entity with an active Florida registration.)	gistered Agent. You must designate an individual or ent are:
the Limited Liability Company cannot serve as its own Repother business entity with an active Florida registration.) e name and the Florida street address of the registered ag C T Corporation System	gistered Agent. You must designate an individual or ent are:
ne Limited Liability Company cannot serve as its own Repther business entity with an active Florida registration.) e name and the Florida street address of the registered ag C T Corporation System	gistered Agent. You must designate an individual or ent are:
N 1200 South Pine Island	ent are: Road Road
the Limited Liability Company cannot serve as its own Resorber business entity with an active Florida registration.) e name and the Florida street address of the registered ag CT Corporation System N 1200 South Pine Island	gistered Agent. You must designate an individual or ent are:

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..

Laura Broderick - Asst. Secretary

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: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Abirammy Sundaramoorthy 1237 Giesse Drive Mayfield Heights, OH 44124	
	28 180 180	
(Use attachment if necessary)	EP -3 LAHAS	
the date of filing.)	specific and cannot be more than five business days prior to and the more than five business days prior to and the more than five business days prior to and the more than five business days prior to and the more than five business days prior to and the more than five business days prior to an	
the document's effective date on the Departme ARTICLE VI: Other provisions, if any.	· · · · · · · · · · · · · · · · · · ·	
MEQUINED SIGNAL CIVIL	DocuSigned by:	
Signature of a This document is exe I am aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.	

Typed or printed name of signee

Filing Fees:

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

Abirammy Sundaramoorthy

\$ 5.00 Certificate of Status (Optional)