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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

PLEASE USE FUNDS FROM THIS ACCAUTHORIZATION SIGNATURE:	COUNT: 120210000160: \$12	5.00	
418 Laguna, LLC			
BUSINESS (Name)	Document #.		
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<u>NEW FILINGS</u>	<u>AMMENDMENTS</u>	ATE PATE	
Profit	Amendment		
Not for Profit	Resignation of R.A		
XLimited Liability		Registered Agent	
Domestication	Dissociation or Re	signation	
CORP	Merger		
LLLP	Conversion		
OTHER FILINGS	REGISTERATION/QUALIF	FICATIONS	
Annual Report	Foreign Filing		
	Limited Partnership		
Fictitious Name	Reinstatement		
	Trademark		
APOSTIL ()	STATEMENT OF AUTH	ORITY	
Country			

EXAMINER'S INITIALS:_____

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

PLEASE USE FUNDS FROM THIS ACC	OUNΤ: I20210000160: \$125.00
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418 Laguna, LLC	
BUSINESS (Name)	Document #.
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Certificate of Status	2024 SEP -4 TALL ABA
NEW FILINGS	AMMENDMENTS SSG 3
Profit	Amendment
Not for Profit	Resignation of R.A. Officer/Director
XLimited Liability	Change of Registered Agent
Domestication	Dissociation or Resignation
CORP LLLP	Merger Conversion
UUUr	Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign Filing
	Limited Partnership
Fictitious Name	Reinstatement
	Trademark
APOSTIL ()	STATEMENT OF AUTHORITY
Country	

EXAMINER'S INITIALS:

COVER LETTER

	New Filing Section Division of Corporations						
SUBJEC	418 Laguna, LLC						
30 1371.0		Name of Lin	nited Liab	ility Company		_	
The enclo	sed Articles of Organization a	nd fee(s) are	e submitte	ed for filing.			
Please ret	urn all correspondence concer	ning this ma	itter to the	following:			
	Samantha Seiglie						
			Name o	of Person			
	Jacobs Law, LLC						
			Firm/C	Company			_
	1117 Perimeter Center Wes	a, Suite W5	01				202
			Ado	iress			-¶SE
	Atlanta, GA 30338					AHAS	2024 SEP -4 AM 9:
		C	ity/State a	ınd Zip Code		<u>K</u> S	
	freedomairandheatinc@yaho						<u>ب</u>
	E-mail address:	(to be used	for future	annual report notifica	tion)	L. 75	47
For further	information concerning this m	atter, please	call:				
	Samantha Seiglie	40 at ()-1	474-3905)		_	
	Name of Person	Ai	rea Code	Daytime Telepho	ne Number		
Enclosed	is a check for the following an	nount:					
■ \$125.0	0 Filing Fee ☐\$130.00 Fi Certificate o		Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Certificate Certified ((additional c	e of Status Copy	&
	Mailing Address New Filing Section Division of Corporation P.O. Box 6327 Tallabassee, FL 32318			Street Address New Filing Section E The Centre of Tallah 2415 N. Monroe Str Tallahassee, FL 323	nassee eet, Suite 810		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
0.01	
418 Laguna, LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office	of the Limited Liability Company is:
The maning address and street address of the principal office	or the immediationity company is.
Principal Office Address:	Mailing Address:
Timepar Office Address.	Manning Addition.
3565 Sparrow Hawk Trail	3565 Sparrow Hawk Trail
Mims, FL 32754	Mims, FL 32754

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:

Andrew Procell			7 A C
	Name		SE
3565 Sparrow Hawl	c Trail		AHAN P-L
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)	SS =
Mims	FI.	32754	m _C =
City	State	Zip	9: 47 FL

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..

Andrew froull

Registered Agent's Signature (REQUIRED)

(CONTINUED)

S 5.00 Certificate of Status (Optional)

ARTICLE IV-

<u>Title:</u>		7	Name and Address:
	athorized Member	,	
"MGR" = Mar	nager	7.	
MGR		And	rew Procell
	2 Kin	$\frac{356}{100}$	5 Sparrow Hawk Trail 18, FL 32754
		V TVIIII	15, F1, 32734
	3		
			
			,n
-			
(Use attachme	nt if necessary)		>:- ' '
TICLE V: Effective	date, if other than the date of	of filing:	(OPTIONALLY
an effective date is li	isted, the date must be spe	cific an	d cannot be more than five business days prior to or 90 da
an effective date is lied date of filing.) ote: If the date insert	isted, the date must be spe ed in this block does not m	cific and	d cannot be more than five business days prior to or 90 da applicable statutory filing requirements, this date will not be
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