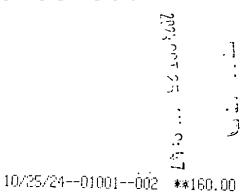
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(F	Requestor's Name)	
	Address)	
,	,	
(Address)		
((City/State/Zip/Phone #)	
,-	,	
PICK-UP	WAIT	MAIL
(5)	Business Entity Name)	
	Document Number)	
(1	occurrent (varioci)	
Certified Copies	Certificates of	Status
Special Instructions to F	iling Officer:	





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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Anther bass rection Through Me
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mothoniel Bradley Or
Name of Person
Firm/Company
25.28 /200 Drive
Address
Toto hassee . 1/0 32303
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ab-hariel brodler at 856) 321-9254
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□S125.00 Filing Fee □S130.00 Filing Fee & □S155.00 Filing Fee & □S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) □S125.00 Filing Fee & □S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 32314 Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FI. 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L.L.C.," op A.C.")

Mailing Address:

Zip

ARTICLE II - Address:

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

City

Principal Office Address:

1529 Vega Dr 15 328 Tallahosee Th 3	
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.)	- 10 TO TO TO
The name and the Florida street address of the registered agent are:	6:47
Florida street address (P.O. Box <u>NOT</u> acceptable)	
jatahassee to 32302	

State

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 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	1/24/2016 Brodley
7	2008 Vera Dr Tilchassee 7
	2528 Vega D- Tillehassee 7 32203
	
))
(Use attachment if necessary)	
an effective date is listed, the date must be specedate of filing.)	f filing:
e document's effective date on the Department of	
CTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Rua a
This document is executed	ther or an authorized representative of a member. d in accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)