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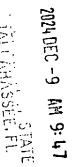
(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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Certified Copies Certificates of Status					
Consideration to Filter Officer					
Special Instructions to Filing Officer.					
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Office Use Only



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COVER LETTER

то:	New Filing Sec Division of Cor					
SURIE	PARADISI	E AT THE OUTPOST L	LC			
50 D51.		Name of I	imited Liabil	ity Company		
The end	closed Articles of	Organization and fee(s)	are submitted	for filing.		
Please	return all correspo	ondence concerning this	matter to the f	following:		
	IRINA HOM	ПТСНІ				
			Name of	Person		
						2024
	-		Firm/Co	mpany		2024 DEC -9
	69 STONEG	ATE CR				9
			Addr	ess		SSE. 里
	SANTA ROS	SA BEACH, FL 32459				ASSEE, FL
			City/State an	d Zip Code		
	chefibl09@gn					
	i	E-mail address: (to be us	ed for future a	nnual report notificati	on)	
For furth	er information co	ncerning this matter, ple	ase call:			
	Irina Homitch		850	714-3815		
	Nam		-	Daytime Telephone	e Number	
Enclose	ed is a check for th	ne following amount:				
		□\$130.00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	Certified Co	of Status &
	New F Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee. FL 3230	issec et, Suite 810	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

·	ontain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
RTICLE II - Address: he mailing address and stree	t address of the principal office of th	he Limited Liability Company is:
Princ	cipal Office Address:	Mailing Address:
4576 CO HWY 32	280	69 STONEGATE CR
FREEPORT, FL 3		SANTA ROSA BEACH, FL 32459
he name and the Florida stre	et address of the registered agent ar	e: 25.55 55.55
he name and the Florida stre	IRINA HOMITCHI Name	ASSES, FL
The name and the Florida stre	IRINA HOMITCHI	SEE, FL
he name and the Florida stre	IRINA HOMITCHI Name 69 STONEGATE CR	ox NOT acceptable)
	IRINA HOMITCHI Name 69 STONEGATE CR Florida street address (P.O. B SANTA ROSA BEACH FL City Sta	ox NOT acceptable)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:		Name and Address:
	horized Member	
"MGR" = Mana	iger	
<u>AMBR</u>		IRINA HOMITCHI
		69 STONEGATE CR SANTA ROSA BEACH, FL 32459
		SANTA ROSA BLACTI, FL 32437
AMBR		HECTOR MARTINEZ LEYVA
MIDIC		9950 US HWY 98 E LOT 18
		MIRAMAR BEACH, FL 32550
		
		72 4
		2024 DEO
		
		
		S N
(Use attachmen	t if necessary)	te of filing: (OPTIONAL)
IOLDA, CO		COPTIONALLY F
offective data is lie	iate, ii other man the dai tod, the deta must be s	te of filing: (OPTIONAF)! pecific and cannot be more than five business days prior to or 90 days after
ate of filing.)	ted, the date must be s	pectile and cannot be more than tive ousiness days prior to or 70 days after
	d in this block does not	meet the applicable statutory filing requirements, this date will not be listed a
	date on the Departmen	
	•	
ICLE VI: Other pro	visions, if any.	
		
		$\overline{\Omega}$
REQUIRED S	IGNATURE:	ω I/ $_{\sim}$
		{] \\/
_		
		nember or an authorized representative of a member.
		uted in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State
		ee felony as provided for in s.817.155, F.S.
	IDINIA LICHAIT	CUI
	<u>IRINA HOMIT</u>	Typed or printed name of signee
		t special printed frame of signed

Filing Fees:

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

\$ 5.00 Certificate of Status (Optional)