L1400506468

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

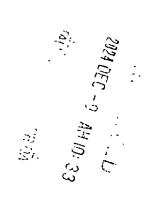




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CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 Fast 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PI	CK UP: JENA 12/9	
	CERTIFIED COPY		
XX	РНОТОСОРУ		20
XX	CUS	GS	2024 DEC
XX	FILING	LLC	5 - 5
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SPECIAL IN	NSTRUCTIONS:		

COVER LETTER

	ew Filing Section ivision of Corporations		
SUBJECT	. 1822 Luxus MF	PLLC	
SUBJECT		imited Liability Company	
The enclose	ed Articles of Organization and fee(s) a	are submitted for filing.	
Please retur	m all correspondence concerning this n	natter to the following:	
	Jason Matthews		
		Name of Person	
			202 1/
	_	Firm/Company	
	301 W Platt St., #A343	:	2024 DEC -9 7
		Address	9 M 9
	Tampa, FL 33606	· -	M 9: 47
		City/State and Zip Code	
_	Jmatt@TeamABV.com	d C - Control Control	
		ed for future annual report notification)	
For further in	nformation concerning this matter, plea	ise call:	
		at (412) 414-4405 me of Person — Area Code	
		time Telephone Number	
Enclosed is	a check for the following amount:		
\$125.00 Fi	ling Fee S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Certified Copy Certificate of (additional copy is enclosed) Certified Copy (additional copy	Status & y
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLESOFORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company	y is:				
18:	22 Luxus N	MP LLC			
(Must contain the wo	rds "Limited	Liability Compan	y, "L.L.C.," or "LLC.	`)	
ARTICLE II - Address: The mailing address and street address of the	ie principal of	fice of the Limite	ed Liability Company	is:	
Principal Office A			<u>Mailing</u>	Address:	
ARTICLE III - Registered Agent. Regist (The Limited Liability Company cannot ser another business entity with an active Flor The name and the Florida street address of	ida registratio	11.)	gent's Signature: . You must designate:	an individual of T	2024 DEC -9 AH 9: 47
	lason Matth	ews			
301 W I	Platt St., #A	Name 343		_	
	street address Fampa, FL	s (P.O. Box NOT 33606	acceptable)		
	City	State	Zíp	_	

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..

Jason Matthews

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Jason Matthews
	301 W Platt St., #A343 Tampa, FL 33606
	2021
(Use attachment if necessary)	POZ4 DEC +9 P
te of filing.)	cannot be more than five business days prior to or do day opticable statutory filing requirements, this date will not be
CLE VI: Other provisions, if any.	
REQUIRED SIGNATURE: Jason Ma	rtthewa
Signature of a member or a This document is executed in acco	an authorized representative of a member. ordance with section 605.0203 (1) (b), Florida Statutes. ion submitted in a document to the Department of State

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

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)

•

ARTICLE IV-