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(Re	equestor's Name)	
		
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	





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DIVIDENT FILED SECRET

COVERLETTER

	vew Filing Sec Division of Co				
SUBJEC"	Conjure II	LLC			
COMPLEX.	•	Nar	ne of Limited Liab	ility Company	
The enclos	sed Articles of	Organization and	fee(s) are submitt	ed for filing.	
Please retu	irn all correspo	ondence concernin	g this matter to the	: following:	
	Mark Fortur	ıe			
			Name	of Person	
			Firm/0	lompany	
	9050 SW 80	h St.			
			Ad	dress	
	Boca Raton,	. FL. 33433			
	markrfortune	@gmail.com	City/State :	and Zip Code	
		E-mail address: (to	be used for future	annual report notificati	ion)
For further i	information co	ncerning this matt	er, please call:		
	Mark Fortun	e	954 at (7700902	
	Nam	ne of Person	Area Code	Daytime Telephon	e Number
Enclosed i	s a check for t	he following amou	nt:		
) Filing Fee	□\$130.00 Filin Certificate of S	g Fee & □\$1 tatus Certi	55.00 Filing Fee & fied Copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed
	New F Divisio P.O. B	ng Address illing Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Conjure 1T LLC

(Must contain the words "Limited Liability 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:

Principal Office Address:	<u>Mailing Address</u> :
050 SW 8th St., Boca Raton, FL. 33433	9050 SW 8th St., Boca Raton, FL. 33433

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:

Mark Fortune		
	Name	
9050 SW 8th St.		
Florida street addre	ss (P.O. Box <u>NOT</u> ac	(ceptable)
Boca Raton	FL	33433
City	State	Zip

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 Phapter 605. F.S.

Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
•	Mark Fortune	
MGR	9050 SW 8th St.	-
	Boca Raton, FL 33433	_
		_
		-
		-
		- -
		_
		_
		-
		-
(If an effective date is listed, the date must be the date of filing.)	date of filing: 12/01/2024 (OPTIONAL) especific and cannot be more than five business days prior to or 90 ot meet the applicable statutory filing requirements, this date will not ent of State's records.	-
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
This document jets I am aware that any f	member or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of Stategree felony as provided for in \$.817.155, F.S.	
Mark Fortune		
Walk Fortune	Typed or printed name of signee	•
		-;

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)