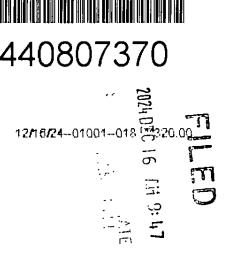
LLYWUSI

(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:

Office Use Only



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2024 OEC 16 PH 1:14

TO: New File. 0	COVER LETTER	
TO: New Filing Section Division of Corporations		
/ /		
SUBJECT: //// da	of Limited Liability Company	<u>-LC</u>
The enclosed Articles of O	, mpany	
The enclosed Articles of Organization and fee	(s) are submitted for filing.	
Please return all correspondence concerning the	us matter to the follow:	· · · ·
$\widehat{\mathcal{D}}$	to the following:	1924 [
Naymond	White Name of Person	2024 DEC 16
	31 7 C(30f)	4.11
		1
	Firm/Company	9
217 Robin 1	201	. if
	Address	
Davenport F	EL 33896.	
- Hound in its	City/State and Zip Code	
For further information concerning this matter, pleas	AMA: L. CON d for future annual report notific	cation)
concerning this matter, pleas	se call;	
_		
Name of Person at (at)	
^	rea Code Daytime Telepho	ne Number
Enclosed is a check for the following amount:		
US125.00 Filing Fee US130.00 Filing Fee &		
Certificate of Status	☐S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	©\$160.00 Filing Fee, Certificate of Status & Certified Copy
Mailing Address		(additional copy is enclosed)
New Filing Section	Street Address	
Division of Corporations P.O. Box 6327	New Filing Section Div	vision
1.02 003 6 177	The Center of Tall .	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 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.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
DONANGERT, FL 33896	
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: Name Name	
Florida street address (P.O. Box NOT acceptable)	
Davenport FL 33896	
the standard personal as registered agent and to accept service of process for the above stated limited liability company at the	

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 have 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)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manuger Am\3\L	Resimone inhon White 1/ 217 1Rahin Rd Devenport FL 33996
	2024 D-C
(Use attachment if necessary)	1.7
the date of filing.)	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed a not of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
l am aware that any fa constitutes a third deg	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b), Florida Statutes, disc information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
Raymin	Typed or printed name of signee
	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-