L2500006000 1-6-25

(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:		
W24000165074 R-1724 FC		





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12/13/24--01022--009 **160.00



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
Gotten Legacy Rectified Liability Company, "L.I	ted Liability Company	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address: Mailing A	ddress:	
9955 NW 2nd Ct. 9955	NW 2nd Ct.	
Plantation FL, 33324 Planta	ation FL, 33324	
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 age	ent are:	
Jimothy P. Carney	Č	
9955 N.W. 2nd Ct. Florida street address (P.O. Box NOT a		
Plantation FL 3	33324	
City	Zip	
Having been named as registered agent and to accept servi liability company at the place designated in this certifica registered agent and agree to act in this capacity. I further statutes relating to the proper and complete performance of	ite, I hereby accept the appointment as agree to comply with the provisions of all	

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

(CONTINUED)

The name and address of each person Company:	authorized to manage and control the Limited Liability
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager ————————————————————————————————————	Timothy P Carney 9955 JNW 2nd Ct.
AMBR	Michael Dauing 170 Dave Bailey Rd Flouilla Georgia 20216
AMBR	Howard Golden 334 falmer Ave.
(Use attachment if necessary)	High wood, 1 11 nois 60040
ARTICLE V: Other provisions, if any.	205 JAH
	G)
REQUIRED SIGNATURE:	James 5
This document is executed in accordance w	n authorized representative of a member of the section 605.0203 (1) (b), Florida Statutes. I am aware that ent to the Department of State constitutes a third degree felony
	ed or printed name of signee

" ARTICLE IV-

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Filing Fees