LZTWWW

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,
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WALK IN

	CERTIFIED COPY		2025
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K	РНОТОСОРУ		
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COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC	T: Orange Puffin 22 In	vestments LLC	
		nited Liability Company	
The enclo	sed Articles of Organization and fee(s) are	e submitted for filing.	
Please ret	urn all correspondence concerning this ma	ntter to the following:	2025
	Jason Matthews		F-22
		Name of Person	2025 JAN 24 FT 9: 4
	Orange Puffin 2	22 Investments LLC	9.
		Firm/Company	7
	301 W Platt St., #A343		
		Address	
	Tampa, FL 33606		
	Jmatt@TeamABV.com	City/State and Zip Code	
	E-mail address: (to be used	for future annual report notification	on)
For further	information concerning this matter, pleas	e call:	
	Nam	t (412) 414-4405 ne of Person — Area Code time Telephone Number	
Enclosed	is a check for the following amount:		
\$125.001	Filing Fee X \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporation Clifton Building 2661 Executive Cente	

Tallahassee, FL 32301

ARTICLESOFORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY

	Orange Puffin 22 Investmer	nts LLC		
(Must	contain the words "Limited Liability Co	mpany, "L.L.C.," or "LLC."))	
ARTICLE II - Address: The mailing address and stro	eet address of the principal office of the L	.imited Liability Company is	s;	
	ncipal Office Address: A343 Tampa, FL 33606	Mailing A	Address: .	49.5 J.S.
			(0)	
				~,
The Limited Liability Com	Agent, Registered Office, & Registered pany cannot serve as its own Registered A		n individual or	24:6 EV 42 SET SIN
The Limited Liability Composite business entity with				H 9:47
The Limited Liability Composite business entity with	pany cannot serve as its own Registered at an active Florida registration.)			图 9:47
The Limited Liability Composite business entity with	pany cannot serve as its own Registered At an active Florida registration.) reet address of the registered agent are:			图 9:47
The Limited Liability Composite business entity with	pany cannot serve as its own Registered An active Florida registration.) rect address of the registered agent are: Jason Matthews Name	Agent. You must designate a		图 9:47

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)

ARTICLE IV-The name and address of each perso

itle: \MBR" = Authorized Member	Name and Address:	
IGR" = Manager		
MGR	Jason Matthews	

301 W Platt St., #A343 Tampa, FL 33606

(Use attachment if necessary)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

ason Matthews

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jason Matthews

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)

S 5.00 Certificate of Status (Optional)