(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/2ip/Fillone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(200m200 <u>2</u> mm , 100m0,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 ming Officer.

Office Use Only



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• CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

		PICK UP	e: MISTY 1/28	_
	xx	CERTIFIED COPY PHOTOCOPY		2025 J.N 28
	XX	CUS	GS	· <u> </u>
	XX	FILING	ILC) F
1.		WOODSTORK 22 VENTUR (CORPORATE NAME AND DOCUMEN		
2.	-	(CORPORATE NAME AND DOCUME)	Ν΄Γ #)	
3.		(CORPORATE NAME AND DOCUMEN	S'Γ #)	
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5.		(CORPORATE NAME AND DOCUMES	NT #)	
6.		(CORPORATE NAME AND DOCUME)	√1`#)	
SPE	CIAI	LINSTRUCTIONS:		
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COVER LETTER

New Filing Section

TO:

Di	vision of Corporations			
SUBJECT	. Woodstork 22 Venture	s LLC		
30BJECT		imited Liability Company		
The enclose	ed Articles of Organization and fee(s) a	re submitted for filing.		202
Please retur	n all correspondence concerning this m	natter to the following:	٠.	2025 JAN 28
	Jason Matthews		თ	
		Name of Person	2	ि ३ ५७
	Woodstork 22 V	entures LLC	• :	<u>.</u> 7
		Firm/Company		_
	301 W Platt St., #A343			
		Address		_
	Tampa, FL 33606			
	Jmatt@TeamABV.com	City/State and Zip Code		_
	E-mail address: (to be use	d for future annual report notification)		_
For further in	formation concerning this matter, plea	se call:		
=	Jason Matthews	nt (412) 414-4405		
	•	me of Person Area Code time Telephone Number		
Enclosed is	a check for the following amount:			
\$125.00 Fit	ling Fee X S130.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	0.00 Filing Fee. tificate of Status tified Copy ional copy is end	: &:
	Mailing Address New Filing Section	Street Address New Filing Section		
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLESOFORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY

V	Voodstork 22 Ventu	res LLC		
(Must contain	the words "Limited Liabil	lity Company, "L.L.C	D.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	ess of the principal office o	of the Limited Liabil	ity Company is:	
Principal (Office Address:		Mailing Address:	
301 W Platt St., #A343 7	Гатра, FL 33606			in-
		<u> </u>		
				111
				1 :
The Limited Liability Company car	mot serve as its own Regis			al or
(The Limited Liability Company car another business entity with an acti	mot serve as its own Regis ve Florida registration.)	stered Agent. You mi		al or
(The Limited Liability Company car another business entity with an acti	mot serve as its own Regis ve Florida registration.)	stered Agent. You me t are:		al or
(The Limited Liability Company car another business entity with an acti The name and the Florida street add	mot serve as its own Registive Florida registration.) ress of the registered agent	t are:		al or
_	mot serve as its own Registive Florida registration.) ress of the registered agent Jason Matthews Nan	t are: ne D. Box <u>NOT</u> accepta	ist designate an individu	al or

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 Watthews

Registered Agent's Signature (REQUIRED)

(CONTINUED)

	horized Member	Name and Address:
MGR" = Mana	ger ———	
MCD		I and Marile and
MGR 		Jason Matthews
		301 W Platt St., #A343 Tampa, FL 33606
		301 W Platt St., #A343 Tampa, FL 33000
		
	·	CONTIONAL Y
CV: Effective detive date is list filling.) ne date inserted tent's effective	iate, if other than the date of ted, the date must be spec- in this block does not me date on the Department of	f filing:
V: Effective detive date is list filing.) he date inserted ent's effective EVI: Other prov	late, if other than the date of ted, the date must be spec- in this block does not me date on the Department of visions, if any.	et the applicable statutory filing requirements, this date will not be
V: Effective detive date is list filing.) The date inserted dent's effective CVI: Other prov	in this block does not medate on the Department of visions, if any.	et the applicable statutory filing requirements, this date will not be f State's records.
V: Effective detive date is list filing.) The date inserted dent's effective CVI: Other prov	in this block does not medate on the Department of visions, if any.	et the applicable statutory filing requirements, this date will not be state's records.
etive date is list filling.) ne date inserted nent's effective E. VI: Other prov.	in this block does not medate on the Department of visions, if any. GNATURE: Signature of a men This document is executed am aware that any false is	et the applicable statutory filing requirements, this date will not be f State's records. **Matthews** There or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.

ARTICLE IV-

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