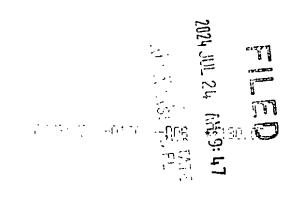
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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## **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: <u>Lav Mount</u> Name of Lim	My TJ & More ited Liability Company	110
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
Lat	ravis D Do	uell
	Name of Person	<del></del> -
		2021
	Firn√Company	
4910 N		2024 JUL 24
	Address	3 2 9
Tallahass.	: FI, 3230	3 75 4
Tray moun	ty/State and Zip Code  H My tv @ Va hoc	.: <b>7</b>
	for future annual report notification	
for further information concerning this matter, please	call:	
Name of Person Ar	)	<u> </u>
Enclosed is a check for the following amount:	ea Code Daytime Telephone	Number
US125.00 Filing Fee S130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address	
New Filing Section Division of Corporations	New Filing Section Div The Centre of Tallahas	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Must conta	Mount My To	pany, "L.L.C.," or "LLC.")	<u>C</u>
ARTICLE II - Address: The mailing address and street add	dress of the principal office of the L	imited Liability Company is:	
Principa	Office Address:	Mailing Ac	ddress:
Tallahasse	monto e St B102 E1 32303	Tallahesse	MonroeSt Blo2 F1, 32303
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ac- The name and the Florida street a	<u>-</u>	d Agent's Signature: Igent. You must designate an	24 JUL 24
	Florida street address (P.O. Box I		od Page 5
	Tallahassec F	1 32303	, <b>~</b>
	City State	Zip	
Having been named as registered applace designated in this certificate,	tent and to accept service of process	for the above stated limited b	iability company at the

(CONTINUED)

Registered Agent's Signature (REQUIRED)

## ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: "AMBR" = Authorized Member Name and Address: "MGR" - Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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.) Note: 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. 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.

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)