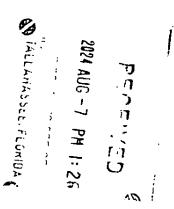
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	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	_ Certificates of S	Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporatio	ns		
SUBJECT: Eques No		ited Liability Company	
The enclosed Articles of Organiz	ation and fee(s) are	submitted for filing.	
Please return all correspondence	concerning this mat	tter to the following:	
Barrett C	. 7. li F		
		Name of Person	
Eques Nem 1	Luc	Firm/Company	
U		Firm/Company	
Equi, Nrm T 6231 PGA BIV	D ·		
<u>-</u>		Address	
Pula beed	GH das 1	F/A 334/8 ty/State and Zip Code	
	∕Ci	ty/State and Zip Code	
E-mail a	idress: (to be used	for future annual report notificati	on)
For further information concerning	this matter, please	call:	
Burett (75/1/2 Name of Per	son at (5	ca Code Daytime Telephone	e Number
Enclosed is a check for the follow	ving amount:		
	0.00 Filing Fee & ficate 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 Addro	2 <u>88</u>	Street Address	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

۸	RT	'n	L	Ε	I	-	N	a	m	e	:
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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:
(0271 PCA 3140 STE 104	FRETTALL OVING FLA
1 NA SOLIL GNAL 334/4	32768

971 - 4 7 4

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:

Burrott C. 74	W.	
	Name	
1971 Filly 70	si/	
Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)
Oved.	#=/A	32765
City	State	Zip

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

1971 Filly Trail
1971 Filly Trail
F/A 73427
. (OPTIONAL) ore than five business days prior to or 90 days a
tory filing requirements, this date will not be liste
I representative of a member
d representative of a member.
ection 605.0203 (1) (b), Florida Statutes. in a document to the Department of State
1

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) I have no intension

Of reinstation Equel

Nem Tine. Wish to use the

Nem Tine. Wish to due

Name for my new filing today

Barred 1. 2618

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