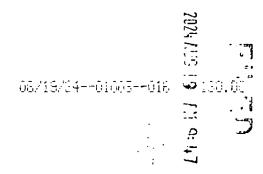
# L24000356752

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

Office Use Only



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## CORPORATE ACCESS,

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236 Fast 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: MISTY 8/19 **CERTIFIED COPY** XX**PHOTOCOPY** XX**CUS** GS XX**FILING** LLCPETCHARY VENTURES 22 LLC 1. (CORPORATE NAME AND DOCUMENT#) ج 2. (CORPORATE NAME AND DOCUMENT #) 3. (CORPORATE NAME AND DOCUMENT #) 4. (CORPORATE NAME AND DOCUMENT #) 5. (CORPORATE NAME AND DOCUMENT #) 6. (CORPORATE NAME AND DOCUMENT #) SPECIAL INSTRUCTIONS:

#### **COVER LETTER**

TO:	New Filing Section Division of Corporations	
CHID IE	Petchary Ventures 22 LLC	
SUBJE	Name of Limited Liability Company	
The end	closed Articles of Organization and fee(s) are submitted for filing.	
Please 1	return all correspondence concerning this matter to the following:	
	Jason Matthews	
	Name of Person	
	Petchary Ventures 22 LLC	
	Firm/Company	<del></del>
	301 W Platt St., #A343	6 i 3,14 1682
	Address	5
	Tampa, FL 33606	9 /
	City/State and Zip Code Jmatt@TeamABV.com	(† 15   <u> </u>
	E-mail address: (to be used for future annual report notification)	7
For furth	ner information concerning this matter, please call:	
	Jason Matthews at (412) 414-4405 Name of Person Area Code Daytime Telephone Number	
Enclos	ed is a check for the following amount:	
<b>]</b> \$125.0	Of Filing Fee X S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	tatus &
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

#### ARTICLESOFORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

	Petchary Ventures 22 LLC	
(Must	contain the words "Limited Liability Comp	any, "L.L.C.," or "LLC.")
TICLE II - Address: mailing address and stre	eet address of the principal office of the Lim	nited Liability Company is:
	ncipal Office Address: A343 Tampa, FL 33606	Mailing Address:
		4
Limited Liability Com	Agent, Registered Office, & Registered appany cannot serve as its own Registered Agenta an active Florida registration.)	
e Limited Liability Com ther business entity with	pany cannot serve as its own Registered Ago	
e Limited Liability Com ther business entity with	pany cannot serve as its own Registered Ago n an active Florida registration.)	
e Limited Liability Com ther business entity with	pany cannot serve as its own Registered Ago n an active Florida registration.)  reet address of the registered agent are:  Jason Matthews  Name	
e Limited Liability Com ther business entity with	pany cannot serve as its own Registered Agon an active Florida registration.)  reet address of the registered agent are:  Jason Matthews	
e Limited Liability Com ther business entity with	pany cannot serve as its own Registered Ago n an active Florida registration.)  reet address of the registered agent are:  Jason Matthews  Name	ent. You must designate an individual 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

### ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = 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.) 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.

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)

Jason Matthews

\$ 5.00 Certificate of Status (Optional)