ATOOLO 106

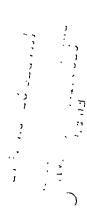
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| Special Instructions to | Filing Officer: | |
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|---------------|----------------------------------|---|---|---|
| CHD IECT | | visions LLC | | |
| SUBJEC' | · | Name of Lin | nited Liability Company | |
| The enclos | sed Articles of | Organization and fee(s) are | e submitted for filing. | |
| Please retu | ırn all correspo | ondence concerning this ma | atter to the following: | |
| | Laura Locke | | | |
| | | | Name of Person | |
| | Parent Pro | visions LLC | | |
| | | | Firm/Company | |
| | P.O. Box 140 | 0176 | | |
| | | | Address | |
| | Coral Gables | s, FL 33114 | | |
| | halla | | ity/State and Zip Code | |
| | _ | tprovisions@gmail.com | for future annual report notificat | ion) |
| For further i | | ncerning this matter, please | • | , |
| | Laura Loc | cke at (| 828) 713-99 | 935 |
| | Nam | e of Person A | rea Code Daytime Telephor | ne Number |
| Enclosed i | s a check for t | he following amount: | | |
| □\$125.00 |) Filing Fee | SS130.00 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) |
| | Mailin | g Address | 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

| ٨ | R | ľ | CI | .F. I | L - Na | me: |
|---|---|---|----|-------|--------|-----|
| | | | | | | |

The name of the Limited Liability Company is:

| Darent | Provisions | 1 | 1 | $\overline{}$ |
|--------|------------|---|----|---------------|
| ratem | PIUVISIUNS | L | .∟ | u |

(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:

| <u>Principal</u> | Office Address: | Ma | <u>tiling Address</u> : |
|------------------|-----------------|-----------------|-------------------------|
| 7901 4th St N | | P.O. Box 140176 | |
| Ste 300 | | | |
| St. Petersburg | FL 33702 | Coral Gables | FL 33114 |

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:

| Northwest Registered | d Agent LLC | |
|-----------------------|------------------------|----------------|
| | Name | |
| 7901 4th St N | | STE 300 |
| Florida street addres | s (P.O. Box N 0 | OT acceptable) |
| St. Petersburg | FL | 33702 |
| 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

| 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. Laura Locke Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent | AMBR Laura Locke P.O. Box 140176 Coral Gables, El. 33114 See attachment if necessary) V: Effective date, if other than the date of filing: January 1, 2025 (OPTIONAL) ive date is listed, the date must be specific and cannot be more than five business days prior to or 91 filing.) e date inserted in this block does not meet the applicable statutory filing requirements, this date will not it's effective date on the Department of State's records. VI: Other provisions, if any. EQUIRED 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 relony as provided for in s.817.155, F.S. Laura Locke Typed or printed name of signee Filing Fees: | | | |
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