## Florida Department o

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000001423 3)))



H250000014233ABCR

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

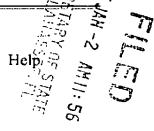
Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## FLORIDA LIMITED LIABILITY CO. INCOGNITO INTL UNLILMITED LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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## COVER LETTER

H25000001423

	New Filing Sec Division of Cor				
SUBJEC		ntl Unlimited LLC			
SCBJEC	·	Name of	Limited Liabili	ty Company	
The enclo	sed Articles of	Organization and fee(s)	are submitted	for filing.	
Please ret	um all correspo	ondence concerning this	matter to the f	ollowing;	
	Josh Desmor	nd			
			Name of	Person	
	Steptoe & Jo	hnson PLLC			
			Firm/Co	прапу	
	210 Park Av	enue, Suite 2300			
			Addre	285	
	Oklahoma C	ity, Oklahoma 73102			
	josh.desmond	@steptoc-johnson.com	City/State and	l Zip Code	
	E	-mail address: (to be us	sed for future a	nnual report notification	n)
For further	information cor	ncerning this matter, ple	ase call:		
	Megan McCr	acken at (	405	930-5151 )	
	Name	e of Person	Area Code	Daytime Telephone	Number
Enclosed i	s a check for th	ne following amount:			
≣\$125.00	) Filing Fee	\$130.00 Filing Fee Certificate of Status	Certific	.00 Filing Fee & d Copy I copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is exclosed)
	New Fi Divisio P.O. Bo	e Address ling Section n of Corporations ox 6327 ssee, FL 32314	i •	Street Address New Filing Section Div The Centre of Tallahas 2415 N. Monroe Street Fallahassee, FL 32303	see V

## 

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Capitol C	orporate Sen	vices, Inc.
	Name	
515 E. P	ark Ave. 2nd	Floor
Florida street address	(P.O. Box <u><b>NOT</b></u> a	cceptable)
Tallahassee	FL	32301
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..

Jared Margerison, Asst. Secretary

Den behalf of Capitol Corporate Services, Inc.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2025 JAN -2 MHII: 56
SECRETARY OF STATE

H25000001423

<u>Title:</u> "AMBR" = Authorized M	Name and Address:
"MGR" = Manager	
AMBR	Robert Lee
	291 Marlberry Cit
	Jupiter, FL 33458
AMBR	Derrek Brown
	Derrek Brown 6167 Bangalow Drive
	Lake Worth, Florida 33463
	<u> </u>
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