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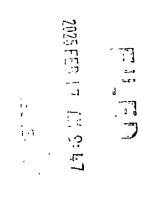
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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WALK IN

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BROOK 2/17

	CERTIFIED COPY		
XX	РНОТОСОРУ		2025
XX	CUS	GS	-
XX	FILING	LLC	· -l 11
1.	BALDWIN HILLS 40 (CORPORATE NAME AND DO		
2.	(CORPORATE NAME AND DO	CUMENT#)	
3.	(CORPORATE NAME AND DO	CUMENT #)	
4.	(CORPORATE NAME AND DO	CUMENT #)	
5.	(CORPORATE NAME AND DO	CUMENT #)	
6.	(CORPORATE NAME AND DO	CUMENT#)	
SPECIA	L INSTRUCTIONS:	<u>-</u>	
	_		

COVER LETTER

	ew Filing Section vision of Corporations		
SUBJECT		Hills 40 LLC	
SUBJECT		ited Liability Company	
The enclose	d Articles of Organization and fee(s) are	submitted for filing.	
Please retur	n all correspondence concerning this mat	ter to the following:	
	Jason Matthews		
		Name of Person	
	Balo	lwin Hills 40 LLC	2025 FTB 17
		Firm/Company	<u> </u>
	301 W Platt St., #A343		
		Address	[] (147)
	Tampa, FL 33606		47
	Ci Jmatt@TeamABV.com	ty/State and Zip Code	
_	E-mail address: (to be used	for future annual report notification	1)
For further in	formation concerning this matter, please	call:	
:	Name	(412) 414-4405 of Person Area Code me Telephone Number	
Enclosed is	a check for the following amount:		
\$125.00 Fil	ling Fee X 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 New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporation Clifton Building 2661 Executive Center	

Tallahassee, FL 32301

ARTICLESOFORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY

	Baldwin Hills 40 l	LC	
(Mu	ist contain the words "Limited Liability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and s	street address of the principal office of the Lim	nited Liability Company is:	
_	Principal Office Address: #A343 Tampa, FL 33606	Mailing Address:	
The Limited Liability Co mother business entity w	red Agent, Registered Office, & Registered ompany cannot serve as its own Registered Agaith an active Florida registration.)		r
The Limited Liability Co mother business entity w	ompany cannot serve as its own Registered Agairth an active Florida registration.)		·?
The Limited Liability Co mother business entity w	ompany cannot serve as its own Registered Agaith an active Florida registration.) a street address of the registered agent are:	ent. You must designate an individual or	·?
The Limited Liability Co mother business entity w	ompany cannot serve as its own Registered Agrith an active Florida registration.) a street 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..

Jason Watthews

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

PA CONTRACTOR A CO	
"MGR" = Manager	
MGR	Jason Matthews
	301 W Platt St., #A343 Tampa, FL 33606
(Use attachment if necessary)	
(Obe attachment in increasing)	
EV: Effective date, if other than the date of filing:	(OPTIONAL)
ective date is listed, the date must be specific and of filing.)	(OPTIONAL) I cannot be more than five business days prior to or 90 of pplicable statutory filing requirements, this date will not be records.
ective date is listed, the date must be specific and of filing.) the date inserted in this block does not meet the ament's effective date on the Department of State's	I cannot be more than five business days prior to or 90 of pplicable statutory filing requirements, this date will not
ective date is listed, the date must be specific and of filing.) the date inserted in this block does not meet the appent's effective date on the Department of State's EVI: Other provisions, if any.	I cannot be more than five business days prior to or 90 of pplicable statutory filing requirements, this date will not be secords.
rective date is listed, the date must be specific and of filing.) The date inserted in this block does not meet the appendix effective date on the Department of State's E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of This document is executed in account.	pplicable statutory filing requirements, this date will not street. Statthews an authorized representative of a member, tordance with section 605.0203 (1) (b), Florida Statutes, tion submitted in a document to the Department of State

Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)