Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number : (850)617-6381

From:

Account Name: REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

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

Email Address:			

## FLORIDA LIMITED LIABILITY CO.

# Jamie Conway LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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NOV 1 3 2023

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N	ame:
The name of the	Limited Liability Compa

The name of the Limited Liability Company is:

# Jamie Conway LLC

(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:
7901 4th St N	7901 4th St N
STE 300	STE 300
St. Petersburg, FL 33702	St. Petersburg, FL 33702

## 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:

Registered Age	nts Inc.	
N	ame	
7901 4th St N S	TE 300	
Florida street address (F	P.O. Box <b><u>NOT</u></b> a	cceptable)
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 Agents Inc. - Assistant Secretary

Bill Havre

Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	Brenden Leland LLC	
	7901 4th SI N STE 300	
	St. Petersburg, FL 33702	
<del></del>		
(Use attachment if necessary)		
<b>FIGLE V:</b> Effective date if other than the date of fi	iling: (OPTIONAL)	
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The name and address of each person authorized to manage and control the Limited Liability Company:

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)