Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:	Division of Corporations Fax Number : (850)617-6381	HASSEE, F

Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019

Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email	Address:			
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FLORIDA LIMITED LIABILITY CO. SHOL'S LEAF LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION
FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
Shol's Leaf LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 1952 Aspen Lone Weston FL 33327
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (!he Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) Nigel Shola Andre Reo-Coker 1952 ASPEN Lane Weston FL 33327
1952 Aspen Lane Weston FL 33327
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) NIGEL Shola Andre Reo-Coker (AMBR)

Required Signatures:

3052201440



Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

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)