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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	Filing Section sion of Corporations				
SUBJECT:	Numyrigs	Cle-	thin g ited Liabili	LLC ty Company	
The enclosed	Articles of Organization a	nd fee(s) are	submitted	for filing.	
Please return	all correspondence concert	ning this mat	ter to the fo	ollowing:	
	Myrick	2:4.	na,		
			Name of	Person	
_			Firm/Co	npany	
_	1691 Can	10N	Creel	< Drive	
_	Juliahussee Myrickr: Hma	- 17	<u> </u>	32305	
	Mycordittac	Ci No Val	ty/State an	d Zip Code	
_	E-mail address:	(to be used	for future a	nnual report notification	on)
For further info	ormation concerning this m	atter, please	call:		
! M	War Rithman) (757:	\	
<u> </u>	Name of Person	an (A:	rea Code	Daytime Telephone	Number
Englosed is a	check for the following ar	and that:			
\$\$125.00 F	_		□\$15	5.00 Filing Fee &	□\$160.00 Filing Fee,
433123.001	Certificate of		Certifi	ed Copy al copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address			Street Address	
	New Filing Section Division of Corporati	iońs		New Filing Section Di	
P.O. Box 6327		2415 N. Monroe Street, Suite \$10			

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMP	ANY
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ARTICLE I - Name:

The name of the Limited Liability Company is:

2021 JAN 11 PM 12: 22 SECRETARY OF STATE
TALLAR SECRET

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1691 Canyon Creek drive Tallahassee R 32305	SAME
Islahassee 12 32305	

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:

Jus.	+12	Time	Legal	Anal	yst L	LC
		Name	,,			
660	ىب	Brevar	d ST			
		ss (P.O. Box				
إماان	لردح	see T	ر ع	2300		
C	ity	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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

Name and Address:

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE

the date of filing.)

ARTICLE IV-

"MGR" = Manager

Title:

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as

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.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

the document's effective date on the Department of State's records.