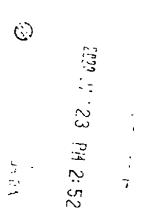
# 1230000 29082

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
red Copies Certificates of Status
cial Instructions to Filing Officer:
Office Use Only



01/23/23--01032--029 \*\*125.00



## CORPORATE ACCESS, \_\_\_\_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

	PIC	K UP:	MISTY 1/23	<u> </u>		
	CERTIFIED COPY		<del></del>			
	РНОТОСОРУ			**		
	CUS					
	FILING	LLC				
	ORTITUDE USA CHA		LLC			
((	ORPORATE NAME AND DOCU	MENT #)				
((	CORPORATE NAME AND DOCU	MENT #)				
((	CORPORATE NAME AND DOCU	MENT #)				
(C	CORPORATE NAME AND DOCU	MENT #)				
(C	ORPORATE NAME AND DOCUM	MENT #)				
(C	ORPORATE NAME AND DOCU	MENT #)		<del>-</del>	<del></del> -	·
L CT	TIONS:					
		·				
		<del></del> .			<u></u>	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
Fortitude USA Charter, LLC			
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office o	of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
1991 Industrial Drive	1991 Industrial Drive		
DeLand, FL 32724	DeLand, FL 32724		
The Limited Liability Company cannot serve as its own Registranother business entity with an active Florida registration.)  The name and the Florida street address of the registered agent Registered Agent Solutions  Nam  155 Office Plaza Dr., Suite Florida street address (P.O.	are: 23 PH 4: 25		
Tallahassee, FL 32301 City	State Zip		
aving been named as registered agent and to accept service of pace designated in this certificate. I hereby accept the appointment rither agree to comply with the provisions of all statutes relating n familiar with and accept the obligations of my position as reginally with a complete the obligations of my position as reginally with a complete the obligations of my position as reginally with a complete the obligations of my position as reginally with a complete the com	process for the above stated limited liability company at the int as registered agent and agree to act in this capacity. I to the proper and complete performance of my duties, and I istered agent as provided for in Chapter 605, F.S  Jaclyn Wright, Asst. Secretary  gent's Signature (REQUIRED)		
(CO)	NTINUED)		

#### ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	MZF Trust
	1991 Industrial Drive DeLand, FL 32724
	Deband, FE 32724
MGR	Michele Zahn
More	1991 Industrial Drive
	DeLand, FL 32724
MGR	Richard Zahn
MOK	1991 Industrial Drive
	Deland FL 32724
	<b>₹</b>
	る。
<del></del>	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
(If an effective date is listed, the date mus the date of filing.)	the date of filing:
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	
O at	OF THE ME
Pair	icia R. Fitzgerald, Eg
Signature	of a member or an authorized representative of a member.
	executed in accordance with section 605.0203 (1) (b). Florida Statutes.  ny false information submitted in a document to the Department of State
	l degree felony as provided for in s.817.155, F.S.
Datrioia D	Fitzgarald

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)