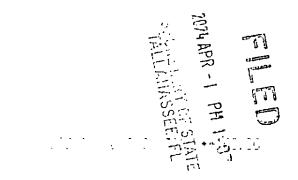
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	(Requestor's Name)	
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PICK-UP	WAIT	MAIL
<u> </u>		ш ··· «-
	(Business Entity Name)	
	/Danisa Milakas	
	(Document Number)	
Certified Copies	Certificates of S	tatus
		
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	ew Filing Section ivision of Corporations	
SUBJECT	Bundles X Name of Limited Liability Company	LLC
The enclose	sed Articles of Organization and fee(s) are submitted for filing.	
Please retur	arn all correspondence concerning this matter to the following:	
	Anslem C Name of Person	Osman
	Firm/Company	
	401 West Semi	incole Blud
	Sanford F1 2 City/State and Zip Code	
	E-mail address: (to be used for future annual repor	n@amail.com 3
_	E-mail address: (to be used for future annual repor	n@gmail.com
For further in	nformation concerning this matter, please call:	7
	Anslem Osman at (860) 83- Name of Person Area Code Daytime	7-1606 PFS
	Name of Person Area Code Daytime	Telephone Number
Enclosed is	s a check for the following amount:	F 1
□\$125.00	O Filing Fee S130.00 Filing Fee & S155.00 Filing S Certificate of Status Certified Copy (additional copy is er	Certificate of Status &
	Division of Corporations The Centre	Section Division of Tallahassee onroc Street, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Bundles	XLLC
(Must contain the words "Limited Liability Con	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the L	imited Liability Company is:
Principal Office Address:	Mailing Address:
401 West Seminole Blud art Sanford F1 32771	HOI West Seminole Bird Sanford FL 32771
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered A another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Ans Lem Name	Ooman
HOL West Ser Florida street address (P.O. Box	NOT acceptable)
Sanfold FL City State	- 3277 j Zip
Having been named as registered agent and to accept service of process place designated in this certificate, I hereby accept the appointment as refurther agree to comply with the provisions of all statutes relating to the am familiar with and accept the obligations of my position as registered	egistered agent and agree to act in this capacity. I Proper and complete performance of my duties, and I Repeated agent as provided for in Chapter 605, F.S.
Jana	
Registered Agent's	Signature (REQUIRED)
(CONTIN	UED) 一当 ら

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Anslem (Osman 401 West Seminole BLVU APT Sanfold FL 32771
(Use attachment if necessary)	
TCLE V: Effective date, if other than the dat	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as
e: If the date inserted in this block does not	
e: If the date inserted in this block does not document's effective date on the Departmen ICLE VI: Other provisions, if any.	of State's records.
e: If the date inserted in this block does not document's effective date on the Departmen ICLE VI: Other provisions, if any. REOUIRED SIGNATURE:	Approximately and the state of
REOUIRED SIGNATURE: Signature of a m This document is exect I am aware that any false	App.

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)