L03000057188

•		
(Re	questor's Name)	
(Ad	dress)	
(8.1	deces	
(Ad	dress)	
(Cit	y/State/Zip/Phone	- #)
(0).	y/Catc/Lip/1 Hork	- n _j
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nan	ne)
		•
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
f 		
<u> </u>		*
		-
		ĺ
}		

Office Use Only



400025675564

12/22/03--01076--001 **155.00

LLC 30EC

TRANSMITTAL LETTER

Registration Section TO: Division of Corporations

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

(City/State and Zip Code)

For further information concerning this matter, please call:

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ARTICLE I - Name:	4 111
The name of the Limited Liability Company is: WE Sheller	HWERICK LAC
ARTICLE II - Address:	
The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3600 LAMO O'LAKES Bhol.	SAME
KANNO O'KAKES, PR.	
ARTICLE III - Registered Agent, Registered Office,	& Registered Agent's Signature:
The name and the Florida street address of the registered	d agent are:
3600 HAND O'LAKE	z Bhol.
Florida street address (P.O. Box NO	OT acceptable)

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 608, F.S..

Registered Agent's Signature

City, State, and Zip

(CONTINUED)

ARTICLE IV- Manager(s) or Managir The name and address of each Manager of	
Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	Souther W. Mc QUAID 3600 LAND O' LAKES FORD KAND O' HAKES, FR 34639
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member of	or an authorized representative of a member.
of this document constituent that the facts staffed herei	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury in are true.
Send \$55mg	Filing Fees: 5100.00 Filing Fee for Articles of Organization 5 25.00 Designation of Registered Agent 5 30.00 Certified Copy (Optional) 6 £:00 Certificate of Status (Optional)

FC 22 AM IO: