## L14000174087

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



400265723354

11/10/14--01004--021 \*\*130.00

EFFECTIVE DATE.

MORES OF WAR

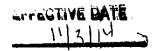


EDV 1 0 2014

T. HAMPTON

## COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	Name of Limited Liability Company	
The enclo	nclosed Articles of Organization and fee(s) are submitted for filing.	
Please ret	e return all correspondence concerning this matter to the following:	
	Kimberly Deborah Jackson Name of Person	
	Geo-Reference LLC. Firm/Company	<u>.</u>
	2910 CROSS CREEK CIRCLE	
	Address  TAUAHASSEE FL 32301  City/State and Zip Code  read themap 2 gmail. com	
	City/State and Zip Code  read themap a gmail. com  E-mail address: (to be used for future annual report notification)	·
For further	erther information concerning this matter, please call:	
_C	Name of Person Area Code Daytime Telephone Number	r
Enclosed	sed is a check for the following amount:	
□\$125.00	6.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee & Certified Copy (additional copy is enclosed)	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	A	RT	ICL	Æ	I	- 1	Van	ıe:
------------------	---	----	-----	---	---	-----	-----	-----

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

,	
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2910 Cross Creek Circle	2910 Cross Creek Circle
Tallahassee Fl 32301	32301
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.)	
The name and the Florida street address of the registered Name	agent are:
2910 Cross Creek Florida street address (P.O. Box	
Tallahassee	FL 3230/
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the oblication.  Chapte	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in the er 605, F.S
(CONTINUI Page 1 of 2	NOV 10 FAX

ARTICLE IV- The name and address of each person authorize	ed to manage and control the Limited Liability Company:			
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:			
AMBR	Kimberly D. Jackson 2910 Cross Creek Crick Tallahasse FL 32301			
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date of filin (If an effective date is listed, the date must be specific at the date of filing.)	ng: Nov. 3, 2014 (OPTIONAL) and cannot be more than five business days prior to or 90 days after			
ARTICLE VI: Other provisions, if any.				
(In accordance with section 605.0208 (1) (constitutes an affirmation under the penalties of period am aware that any false information submitted in a constitutes a third degree felony as provided for in s.	document to the Department of State			

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)

Page 2 of 2