L18000017833

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Sity/State/Zip/r Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(December 1)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 ming Officer.

Office Use Only



500310873445

03/23/18--01013--018 **125.00

18 HAR 23 AN ID: 35

MAR 2 9 Z018

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Drummer's Service Station 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:
Charles S. Walton!
Name of Person
Firm/Company
5259-14thavenue
St. Petars burg FL 33710 City/State and Cip Code Cwalton 27 C tam ta bay, vv. Com E-mail address: (to be used for future annual report potification)
For further information concerning this matter, please call:
Charles Walton 727 321-1551 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Drummer's Sewice Station, LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
5259-14th Ave N	52-59-14th Aug N
St. Petersburg	St. Retersburg
FL33710	EL 33710°

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:

Monique Savoie Waltor

Name

SJJ9-14 Hove W

Florida street address (P.O. Box NOT acceptable)

St. Petersburg (L. 3.3.7)

City State Zip

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S..

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: AMBR" = Authorized Member MGR" = Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statu I am aware that any false information submitted in a document to the Department of Sta constitutes a third degree felony as provided for in s.817,455, 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)