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## COVER LETTER

	TO: New Filing Section Division of Corporations	
	SUBJECT:	
	The enclosed Articles of Organization and fee(s) are submitted for filing.	
	Please return all correspondence concerning this matter to the following:	. अक्षण व्यक्ति । स्ट
	Justin Morgan Name of Person	
	1274 Durnwell RD Address	
	Tallahassee FC, 32317  City/State and Zip Code  Sustin Lee Morgan 12/6 gine  E-mail address: (to be used for future annual report notification)	eil.com
	For further information concerning this matter, please call:	
	Name of Person at (850) 509-4910  Name of Person Area Code Daytime Telephone Number	o i poplar keliki
_	Enclosed is a check for the following amount:  \$125.00 Filing Fee & Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)	·
	Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301	

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ARELL MARK C. YE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	A	RT	ТC	LE	1 -	Ň.	me	:
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The name of the Limited Liability Company is:

SL MORGAN CCC

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	
1274 Burguell KO	<u>.                                    </u>	( •
16 FO ISURAINE IL ISU		
Tallahassee Fl. 32317 -	> \(\)	- ((

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:

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 605, F.S.,

(CONTINUED)

	Title: "AMBR" = Authorized Member	Name and Address:	.و.د		क्षा अस्य प्रवास
,	"MGR" = Manager  "MGR R	Justin Morgan	<del></del>		NOTE SAFET IN SEC.
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	(Use attachment if necessary)				
the dat	te of filing )	cific and cannot be more than five business days prior to ect the applicable statutory filing requirements, this date wif State's records.		sted as	subsu numan (. ) X
ARTIC	CLE VI: Other provisions, if any.			-	
······································				-	
	REQUIRED SIGNATURE:		,		
	6:	mber or an authorized representative of a member.			
	This document's execut	ed in accordance with section 605.0203 (1) (b), Florida State information submitted in a document to the Department of Effony as provided for in s.817.155, F.S.	State Ch	H 9182	•
		Sty Morgen Typed or printed name of signee	ETAR	HAR 29	
		Filing Fees:	m <sub>S</sub>		Б
	\$125.00 Filing Fee for Articles of Or \$ 30.00 Certified Copy (Optional)	ganization and Designation of Registered Agent	STATE	AM 10: 3	
	S. E On Cartificate of Status (Ontion	)	23121	£-	

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

ARTICLE IV-

I, Justin Morgan will not reinstate JL Morgan LLC.

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