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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

COVER LETTER

PTO: Registration Section Division of Corporations
SUBJECT: JOSEPH PROTHERS VENTRY LLC 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:
Tyler JOSEPH Name of Person
Firm/Company
2300 MC Gregor Blub
City/State and Zip Code Maca Welcome FLocom E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certificate of Status & 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

ARTICLE II - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Tylen Joseph Name

2300 MC 6/egon Blod

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

FT, Myens FL 33701

City State Zip

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.

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

Registered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

Jee attachment if necessary) V: Effective date, if other than the date of filing: We date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. VI: Other provisions, if any.	<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:
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