La2000427729

	(Requesto	ors Name)		
	(Address)			
	(Address)			
	(City/State	e/Zip/Phone	#)	
PICK-UP		WAIT		MAIL
	(Business	Entity Name	=)	
	(Docume)	nt Number)		
Certified Copies	_	Certificates	of Status _	. <u> </u>
Special Instructions t	o Filing Of	ficer:		





300395488103

S. CHATHAM

10/05/32--01001---006 **2650.00

2022 OCT -4 PH 2: 07

22 OCT -4 PM 3

COVER LETTER

	New Filing Sec Division of Co				
SUBJEC	4561 HIGE	IWAY 319, LLC			
30131.0		Nan	ne of Limited Liz	bility Company	
The enclo	osed Articles of	Organization and	fce(s) are submit	ted for filing.	
Please re	turn all correspo	ondence concernin	g this matter to th	ne following:	
	R. Bruce Wa	nrren			
			Name	of Person	
	Whitehurst,	Blackburn & Warı	-en		
		· · ·	Firm	Company	
	809 South B	road Street			
			۸	ddress	
	Thomasville	. GA 31792			
	sfreeman@wl	le	City/State	and Zip Code	
			be used for futu		tion)
For further	information co	ncerning this matte	er, please call:	·	
	Samantha Fre	ceman	229 at (226-2161	
	Nam	e of Person		2 Daytime Telephor	
Enclosed	is a check for t	he following amou	nt:		
	00 Filing Fee	□\$130.00 Filin Certificate of S	g Fee & □S latus Cer	155.00 Filing Fee & tified Copy is enclosed)	□S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee cet, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must co	ntain the words "Limited I	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal o	ffice of the Limited	Liability Company is:	
Princ	ipal Office Address:		Mailing Address:	
277 Old Boston Ro	pad	277	Old Boston Road	
Thomasville, GA 3	1792	Thos	nasville, GA 31792	22 0
	ny cannot serve as its own	Registered Agent.	nt's Signature: You must designate an individual	10N (CT -
	ny cannot serve as its own n active Florida registratio et address of the registered	Registered Agent. 'n.)		OCT -4 PM 3: 1
(The Limited Liability Compa another business entity with a	ny cannot serve as its own n active Florida registratio	Registered Agent. 'n.)		10
(The Limited Liability Compa another business entity with a	ny cannot serve as its own n active Florida registratio et address of the registered	Registered Agent. n.) agent are: Name		10
(The Limited Liability Compa another business entity with a	ny cannot serve as its own n active Florida registratio et address of the registered Andrew L. Tuggle	Registered Agent. n.) agent are: Name	You must designate an individual	10
(The Limited Liability Compa another business entity with a	ny cannot serve as its own n active Florida registratio et address of the registered Andrew L. Tuggle 28233 River Run Ros	Registered Agent. n.) agent are: Name	You must designate an individual	10

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)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR . RCA, LLC 277 Old Boston Road Thomasville, GA 31792 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ___ . (OPTIONAL) (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 Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817,155, 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)