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(R	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	·
(Ci	ty/State/Zip/Phone#	
PICK-UP	WAIT	MAIL MAIL
(Bı	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
		,
		12/16
	Office Use Only	, WS



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SLUFE MAY OF SIMPLY

Carrie White Geiger 2341 Semoran Place Pensacola, Florida 32503

850-469-9295

02 DEC 13 AM 9: 46

- ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Canterbury Tales, LTD. Co.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 2341 Semoran Place, Pensacola Fla. 32503
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
CARRIE WHITE GLIVER
2341 SLHORAN PLACE
Florida street address (P.O. Box NOT acceptable)
Pensacola FL 32503
City, State, and 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 608, F.S.
Carrie Otte
Registered Agent's Signature
(An additional article must be added if an effective date is requested)
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
CARRIE GEIGER Typed or printed name of signee

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)