

L040000007702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

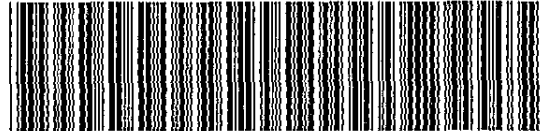
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/29/04--01001--002 **125.00

RECEIVED
04 JAN 28 PM 3:09
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TALLAHASSEE, FLORIDA

BK

Capitalrep, Inc.
3238 Addison Lane
Tallahassee, FL 32317

251-3191

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Tori Wright Services, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY
TORI WRIGHT SERVICES, LLC**

ARTICLE 1 NAME

The name of the Limited Liability Company shall be:

TORI WRIGHT SERVICES, LLC

ARTICLE 2 PRINCIPAL OFFICE

The principal place of business and mailing address of the Limited Liability Company is:

85 Paulette Drive
Crawfordville, Florida 32327

**ARTICLE 3 REGISTERED AGENT, REGISTERED OFFICE,
& REGISTERED AGENT'S SIGNATURE**

The name and address of the registered agent is:

Tori Pressley
3238 Addison Lane
Tallahassee, Florida, 32317

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.


Signature/Registered Agent

01/22/04
Date

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TALLAHASSEE, FLORIDA

ARTICLE 4 MANAGER(S) OR MANAGING MEMBER(S)

The name and address of each Manager or Managing Member shall be:

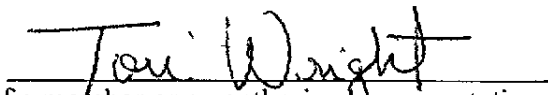
MGRM: Tori Wright
MGRM: Gregory Wright

whose address will be the same as the principal office of the
Limited Liability Company.

ARTICLE 5 EFFECTIVE DATE

This Limited Liability Company shall be effective immediately upon filing.

REQUIRED SIGNATURE:



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.)

Tori Wright
Name of signee