## L040000500910

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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## TRANSMITTAL LETTER

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STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE L. Nama:

The name of the Limited Liability Company is:
RICHARD DRAKE, ARCHITECT, LIC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is
Principal Office Address:  Mailing Address:
1415 HOLINDS HOLLOW CT KIT HOUNDS HOLLOW CT
UTZ, FZ LYTZ, FZ
33549 33549
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  The name and the Florida street address of the registered agent are:    ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:    ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:    ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:   ARTICLE III - Registered Agent, Registered Agent's Signature:   ARTICLE III - Registered

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, Florida Statutes..

Registered Agent's Signature U

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managir The name and address of each Manager of	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGKM_	RICHARD DRAKE 1415 HOUNDS HOMWOT. WIZ, FL. 33549
(Use attachment if necessary)  NOTE: An additional article must be	added if an effective date is requested.
NOTE. All additional active must be	added if all effective date is requested.
REQUIRED SIGNATURE:  Signature of a member or an accordance of the second secon	added if an effective date is requested.
of this document constitutes an a that the facts stated herein are true to the true true to the true to the true to the true to the true true true true true true true tru	408(3), Florida Statutes, the execution ffirmation under the penalties of perjury ie.)  PARE INTERIOR TO SIGNED TO S

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)