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04 AUG 19 PN 1: 38
DIVISION OF CONFUNATION

04 AUG 19 PH 1: 43



## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Joshua (Vame of Limit	cker LLC ted Liability Company)
The enclosed Articles of Organization and fee(s) are so	ubmitted for filing.
Please return all correspondence concerning this matter	r to the following:
Joshia Ticker (Name of Person)	
Josha Taclega (Firm/Company)	
45 moody Lane	
Craw Gordville FL (City/State and Zip Code)	32327
For further information concerning this matter, please of	eall:
(Name of Person)	at (850) 421-2372 (Area Code & Daytime Telephone Number)
Registration Section Division of Corporations 409 E. Gaines Street	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314

SECRETARY OF STATE
TALLAHAS SEE, FLORIDA
04 AUG 19 PM 1:1.0

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Joshia Ticker LLC **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Joshua Tocker CLS MOCKY LO Florida street address (P.O. Box NOT acceptable) Cran Gordus FL 32327 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..

Page 1 of 2

(CONTINUED)

The name and addre	ess of each Manager	or Managing Member is	as follows:	
Title: "MGR" = Manager "MGRM" = Managi	– ing Member	Name and Address:		
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(Use attachment if n	ecessary)		!	
NOTE: An addition	onal article must be	added if an effective da	ate is requested.	
	Signature of a member of	or an authorized represents		
	of this document constituthat the facts stated hereing that the facts stated hereing the fact of the f	ites an affirmation under the p	Senalties of perjury	O4 AUG 19 PM
	:	\$100.00 Filing Fee for Artic \$ 25.00 Designation of Reg \$ 30.00 Certified Copy (Op \$ 5.00 Certificate of Statu	stered Agent tional)	PM 1: 43

ARTICLE IV- Manager(s) or Managing Member(s):