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TRANSMITTAL LETTER

TO: Registration Se Division of Co			
SUBJECT: Neves, L			
	(Name of Limite	d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Ryan S.	Neves		
	(1	Name of Person)	
Neves, LLC			
140403, 220	(Firm/Company)	
			75 Q
1808 Britton	Lane		OS FEB 15 PH 12: 59 SEUMASSEE, FLORIDA
		(Address)	8 TH
			SSET P
Lynn	Haven, FL 32444	10	
	(City)	State and Zip Code)	. 59 OR
For further information	concerning this matter, please	call:	De -
	·		
Ryan S. Neves	of Person)	at (850) 265-8731 (Area Code & Daytime To	elenhone Number)
(1,11111)	0110000,	(Alea Code & Daytime 1	etephone (vumber)
Enclosed is a check for	r the following amount:		
☐ \$125.00 Filing Fee	Ø \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ET ADDRESS: ration Section	MAILING A Registration S	

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Neves, LLC	- 35
ARTICLE II - Address: The mailing address and str	t address of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
425 Oak Avenue, Suite B	1808 Britton Lane
Panama City, FL 32401	Lynn Haven, FL 32444
_	Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida s	
_	
The name and the Florida s	
The name and the Florida si	
The name and the Florida so Ryan S.	et address of the registered agent are: Name Name Name

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

Registered Agent's Signature

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	Ryan S. Neves 1808 Britton Lane		
	Lynn Haven, FL 32444	- -	
MGRM	Phillip T. Neves	_	
	704 Amy Street	_	
	Lynn Haven, FL 32444	_	
		_	
		_	
		_	
		_	
		_	
(Use attachment if necessary)			
NOTE: An additional article mus	t be added if an effective date is requested.		
REQUIRED SIGNATURE:	SEGICA	05 FEB 15 PH 12: 59	Ţ
	ASS	5	F
Signature of a memb	er or an authorized representative of a member.	P	ILED
(In accordance with so of this document consthat the facts stated	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)	12:59	
Ryan S. Neves	· · · · · · · · · · · · · · · · · · ·		
Т	yped or printed name of signee		

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)