05000030696

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





400048855924

03/29/05--01053--011 **125.00

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: B/// W (Name of Limite	ONEY L.L.C. d Liability Company)	
The enclosed Articles of Organization and fee(s) are su	abmitted for filing.	F. 8.
Please return all correspondence concerning this matte	•	1
B:1/11 Wor	Name of Person)	355K
	Name of Person)	mc -
		0810 0810
	Firm/Company)	3,50
288 HWY 77	(Address)	
Chipley fl.		
For further information concerning this matter, please of		
Pill Worley (Name of Person)	at (\$50 638) (Area Code & Daytime Te	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS:	MAILING AI	DDRESS:

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 FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	State of the state
Billy Worley	LLC.
ARTICLE II - Address:	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
288 HWY 77	same.
ChiPley Fl. 32428	
The name and the Florida street address of the real Billy Worle Name ABB HWY Florida street add Chipley City, State, a	ress (P.O. Box NOT acceptable)
liability company at the place designated in the registered agent and agree to act in this capact all statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of e performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

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

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

The fiame and address of each Mai	mager of Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Billy Worley 288 Hwy 77 Chipley F1: 32428
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
NOTE: An additional article mu	ist be added if an effective date is requested.
REQUIRED SIGNATURE:	
0.1/1	in h

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.)

Billy Worley
/Typed 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)