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(Address)				
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PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
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TRANSMITTAL LETTER

	egistration Sec livision of Cor					
SUBJECT	Γ:	T and D Flo				
	(Name of Limited Liability Company)					
		Organization and fee(s) are su				
Please retu	ırn all correspo	ondence concerning this matter	r to the following:			
		Thomas Ro				
		1)	Name of Person)			
			Firm: Company)			
		(1	Time Company)			
	6199 SE 125th Place					
			(Address)			
			ew, Florida 34420 State and Zip Code)	;- <u>-</u>		
For further	r information c	concerning this matter, please	call:			
	Thomas Ro	se. Jr.	at (352) 572-6410			
(Name of Person)		(Area Code & Daytime 7	Telephone Number)			
Enclosed	is a check fo	r the following amount:				
3 \$125.00) Filing Fee	□ \$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)		
STREET ADDRESS:		MAILING A	ADDRESS:			
	Regist	ration Section	Registration			
		on of Corporations Gaines Street	Division of C P.O. Box 632			
409 E. Gaines Street Tallahassee, Florida 32399		Tallahassee, Florida 32314				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

he Limited Liability Company is:
<u>ess:</u>
lace
34420

Florida street add	ress (P.O.	Box NOT accept	able)	
Belleview	FI.	34420		
City, State, a	nd 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..

Registered Agent's Signature

Thomas Rose, Jr.
Name

(CONTINUED)

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGR	Thomas Rose, Jr.		
	6199 SE 125th Place		
	Belleview, Florida 34420		
	· · · · · · · · · · · · · · · · · · ·		
(Use attachment if necessary)			
NOTE: An additional article must be	e added if an effective date is requested.		
REQUIRED SIGNATURE:			
Signature of a member of	or an authorized representative of a member.		
of this document constitu	(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.)		
	Thomas Rose, Jr.		
Type	d 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)