## L05 (ECCO) 77368

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(Requestor's Name) CECRETAR' TALLAHASS	EE LE COKIUM
(Address)	900057300659
(Address)	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL	
(Business Entity Name)	97/18/9591096997 **125.00
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special instructions to Filing Officer.	
P 1000	

Office Use Only

TRANSMITTAL LETTER TO: Registration Section Division of Corporations The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount:

STREET ADDRESS:

Certificate of Status

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

☐ \$160.00 Filing Fee,

Certificate of Status &

Certified Copy (additional copy is enclosed)

☐ \$155.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

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

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FLORIC

Lynn and Dave LLC

**ARTICLE II - Address:** 

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1925 Bay Oak Circle 1925 Bay Oaks Circle
Milton F1 32583

Mailing Address:

1925 Bay Oaks Circle
Milton F7 32583

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

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

(CONTINUED)

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

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

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:** 

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.)

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)