

(Requestor's Name) (Address)	90058440729	
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL (Business Entity Name)	08/12/0501030013 **160.00	
(Document Number)	M. HODGES	
Certified Copies Certificates of Status Special Instructions to Filing Officer:	. (b) 5	
8/12 FLC		
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Office Use Only		

TRANSMITTAL LETTER

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: RICHARD E KICE For further information concerning this matter, please call: Enclosed is a check for the following amount: 1 \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ### \$155.00 Filing Fee & **\$** \$160.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

STREET ADDRESS:

TO:

Registration Section

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

Certificate of Status

MAILING ADDRESS:

Certificate of Status &

Certified Copy (additional copy is enclosed)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE II - Address:

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

Principal Office Address:	Mailing Address:
4605 Little Georg LN	PO BOX 7445
LABELAND FL 33807	LAKELAND FL 33807

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

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

Name

Name

Name

HOS LIHLE GROVE LANE

Florida street address (P.O. Box NOT acceptable)

LAKE PARCE FL 33813

City State and 7 in

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)

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.)

hand Fain

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)