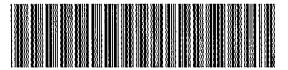
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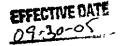
| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
|                         |                    |           |
| (Ac                     | ldress)            |           |
|                         |                    |           |
| (Ac                     | idress)            |           |
|                         |                    |           |
| (Ci                     | ty/State/Zip/Phone | ÷#)       |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bı                     | siness Entity Nan  | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | Certificates       | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
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Office Use Only



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SECHLIARY OF STATE
TALLAHASSEF, FI MINA

T. Burch UCI 0 4 2000

### **COVER LETTER**

| TO:     | Registration Section Division of Corporations   |
|---------|---|
| SUBJE   | CCT: Robert Parrish (Name of Limited Liability Company)   |
| The end | closed Articles of Organization and fee(s) are submitted for filing.  |
| Please  | return all correspondence concerning this matter to the following:  |
|         | Robert M. Parrish (Name of Person)  |
|         | Robert Parrish LLC  |
|         | 985E200d Ave  |
|         | Cross City, F1 32628  |
|         | (Cityl/State and Zip Code)  |
| For fur | ther information concerning this matter, please call:   |
| K,      | (Name of Person) at (352) 498-2657  (Area Code & Daytime Telephone Number)  |
|         |   |
|         | ed is a check for the following amount:   |
| J \$125 | Certificate of Status  Certified Copy  (additional copy is enclosed)  \$155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  |
|         | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street/Courler Address Registration Section Division of Corporations Division of Corporations Clifton Building Tallahassee, FL 32314  2661 Executive Center Circle Tallahassee, FL 32301 |

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:  | ≥∺                         | တ        |
|--|----------------------------|----------|
| The name of the Limited Liability Company is:  | Z-2                        | )5 OCT   |
| Robert Parrish LLC   | TAILY (                    | -3       |
| (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or   | "LC,"                      | PR       |
| ARTICLE II - Address:  |                            | 3: 57    |
| The mailing address and street address of the principal office of the Limited Liab   | inty:som                   | pany is: |
| Principal Office Address: Mailing Address:   |                            |          |
| 98 SE 22rd Ave PO Box 2212<br>Cross City, FI 38688 Cross City, FI 38   | 3628                       |          |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's S  (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are: | ignature:<br>al or another |          |
| Name   |                            |          |
| Florida street address (P.O. Box NOT acceptable)   |                            |          |
|  |                            |          |

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Me

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

| Name and Address:                                      |
|--|
|  |
| Robert M. Parrish                                      |
| Crea S. Hammonds<br>PO Rox 333<br>Cross City, FI 32628 |
|  |
|  |
|  |
|  |

**REQUIRED SIGNATURE:** 

to or 90 days after the date of filing.)

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)