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(F	Requestor's Name)	
(A	Address)	
<b>(</b> )	address)	
(0	city/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:

Registration Section

Division of Corporations	
SUBJECT: SUWANNEE PARTNER	S TWO, LLC
(Name of Limited	Liability Company)
The enclosed Articles of Organization and fee(s) are su	abmitted for filing.
Please return all correspondence concerning this matter	to the following:
reaso retain an correspondence concerning and matter	to the following.
MICHAEL S. MILLER	
(1)	Vame of Person)
YANCEY, MILLER & BOW	MAN, CPA'S PLLC
(H	Firm/Company)
560 NEFF AVENUE, SUI	TE 500
	(Address)
HARRISONBURG, VA 2	2801
· · · · · · · · · · · · · · · · · · ·	State and Zip Code)
For further information concerning this matter, please of	vall.
To result information concerning and matter, please c	.4411.
MICHAEL S. MILLER	at (540 ) 433-3777
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 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/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
SUWANNEE PARTNERS TWO, LLC (Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
SUWANNEE PARTNERS TWO, LLC 9220 SW 149TH LANE LAKE BUTLER, FL 32054	SUWANNEE PARTNERS TWO, LLC PO BOX 1273 VERONA, VA 24482
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
WILLIAM T. DETTOR, III Name	
9220 SW 149TH LANE Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
LAKE BUTLER, FL 32054 City, State, ar	
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	SELVICE TANK OF PH CONTROL (REQUIRED)
(CONTINU 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:

Title: "MGR" = Manager "MGRM" = Managing	Name and Address:
MGRM	WILLIAM T. DETTOR, III
	9220 SW 149TH LANE
	LAKE BUTLER, FL 32054
MGRM	FLIZARETHA RETTOR
IVIGRIVI	ELIZABETH A. DETTOR
	PO BOX 1273 VERONA, VA 24482
	VERONA, VA 24402
MGRM	KENNETH D. BALL
	14 OLD FARM RD
	CHARLOTTESVILLE, VA 22903
MGRM	CHARLES T. FITCH
	14 OLD FARM RD
	CHARLOTTESVILLE, VA 22903
	if other than the date of filing: (OPTIONA he date must be specific and cannot be more than five business day filing.)
REQUIRED SIGNA	TURE:
	William T. Bellett
Sign	ature of a member or an authorized representative of a member.
(In acof the	ccordance with section 608.408(3), Florida Statutes, the execution is document constitutes an affirmation under the penalties of perjury
tha	at the facts stated herein are true.)

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)