## L0000028485

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
| <u> </u>                                |
|   |

Office Use Only



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SECHLIAN STATE



## **COVER LETTER**

| TO: Registration S<br>Division of Co |   |  |  |  |
|--------------------------------------|---|--|--|--|
| SUBJECT:                             | Calley's VI   | OUL SICUM / Liability Company)   | LC   |  |
| The enclosed Articles of             | of Organization and fee(s) are s  | submitted for filing.  |  |  |
| Please return all corres             | pondence concerning this matte  | er to the following:   |  |  |
| Jessica Compton                      |   |  |  |  |
|                                      |   | Manie OI I essolly   |  |  |
| (Firm/Company)                       |   |  |  |  |
| 1543 Balkin Road                     |   |  |  |  |
|                                      |   | (Address)  |  |  |
|                                      | Tallahas  | SU + C 32 (State and Zip Code)   | 7302   |  |
| For further information              | concerning this matter, please  | call:  |  |  |
| J0981CO                              | Campton cof Person)   | at ( <u>850</u> ) <u>510</u> -<br>(Area Code & Daytime T   | U339<br>elephone Number)   |  |
| Enclosed is a check fe               | or the following amount:  |  |  |  |
| X \$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,<br>Certificate of Status &<br>Certified Copy<br>(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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ns   |  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:   |  |  |  |
|---|--|--|--|
| The name of the Limited Liability Company is:   |  |  |  |
| (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 principal office of the Limited Liability Company is:   |  |  |  |
| Principal Office Address: Mailing Address:  |  |  |  |
| 40 Sandy Fiche Drive 40 Sandy Acre Drive Crawfordville, FL 32327  |  |  |  |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)   |  |  |  |
| The name and the Florida street address of the registered agent are:  |  |  |  |
| Jessica Compton   |  |  |  |
| Florida street address (P.O. Box NOT acceptable)  |  |  |  |
| Tallahassel FL 32305 City, State, and 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 (REOURED)  |  |  |  |

(CONTINUED)
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## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

| Title:   | Name and Address:   |
|--|---|
| "MGR" = Manager "MGRM" = Managing Member       |   |
| MGRM   | Daniel Giller<br>40 Sandy Acre Drive<br>Crawfordville FL 32327  |
| MORM   | Mark Gerkin<br>4977-A Tilley Lane<br>Tallahasses, FL 32305  |
| ····   |   |
|  |   |
| (Use attachment if necessary)                  |   |
|  | he date of filing: (OPTIONAL) the specific and cannot be more than five business days prior   |
| Signature of a mem                             | aber or an authorized representative of a member.   |
| of this document contract that the facts state | section 608.408(3), Florida Statutes, the execution estitutes an affirmation under the penalties of perjury d herein are true.)  On ill Cillust 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)

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