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



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FILED SECRETARY OF STATE ALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE OF CORPORATION

Requester's Name 1423 N. BRONDLOGH Address TALLAHASSEE FL 32803 City/State/Zip Phone #	Office Use Only	-
CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known):	
(Corporation Name)	(Document #)	= = = :
2.	(Document #)	ECR
(Corporation Name)	(Document #)	ETAR HAS
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(Corporation Name)	(Document #)	FLOR
4.		
(Corporation Name)	(Document #)	
Walk in Pick up time	Certified Copy	
☐ Mail out ☐ Will wait	Photocopy Certificate of State	ıs
NEW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	

Examiner's Initials

CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compan	ıy is:
1680 G00 dwood L	'Lc
ARTICLE II - Address:	
	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1423 NA BARNERS SE	SAME
1423 NO. BRONOGH SE TACLAHASSEE, FL 3230	23
ADDITION TO THE REAL PROPERTY OF THE PROPERTY	
ARTICLE III - Registered Agent, Regis	stered Office, & Registered Agent's Signature:
The name and the Florida street address of	f the registered agent are:
ARTHUR C.	= SSR
1423 No. X20	wough St w To
	ess (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.

TALLAHASSEE FL 32303
City, State, and Zip

Registered Agent's Signature

(CONTINUED)

<u>Title:</u> "MGR" = Manager c"MGRM" = Managing Member	Name and Address:
MGRY	ARLHUR C. GAY 1423 NO. BRONDUGH STREET TALLAHASSEE, H. 32303
	· .
	06 JVI
·	
(Use attachment if necessary)	
NOTE: An additional article m	ust be added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a r	dember or an authorized representative of a member.
of this documen	with section 608.408(3), Florida Statutes, the execution t constitutes an affirmation under the penalties of perjury sted herein are true.)
AREH	Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)