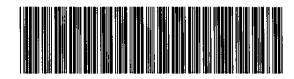
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Section 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: For further information concerning this matter, please call: CAIV. (Name of Person) Enclosed is a check for the following amount: \$125.00 Filing Fee ρ \$130.00 Filing Fee & ρ \$155.00 Filing Fee & ρ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## 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 APTICLE II. Addresses	Company" or their abbreviation "LLC," or "LE,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1804 mck Jr Blud Quincy A 32351	<u>Same</u>
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
CAlu'ni Ster	shous
1804 MLE T Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Quiny the	FL 32351

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)

## ARTICLE IV- Manager(s) or Managing Member(s):

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Mem	
Mor	CALVING Stephens
	1804 MLK SV BIJO
	Quincy, 7 3235 PG 8
	DEC
	PM 2: 3U
(Use attachment if necessary	
	r than the date of filing: 0/-0/-07. (OPTIONAL)
effective date is listed, the d	ate must be specific and cannot be more than five business
o or 90 days after the date of	1111112.7
o or 90 days after the date of	ining.
o or 90 days after the date of  REQUIRED SIGNATURE	
o or 90 days after the date of <u>REQUIRED</u> SIGNATURE	
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REQUIRED SIGNATURE	
REQUIRED SIGNATURE  Signature of this documents of the state of the st	-3 Sil

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)