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(Re	questor's Name)		
(Address)			
. (Ad	dress)		
(Cit	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
		18/8/	

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CELLEGE

COVER LETTER

TO: Registration :			
SUBJECT:	HOUNCEC (Name of Limite	Service (Ed Liability Company)	25,LL.C.
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corre	spondence concerning this matt	er to the following:	
Hou		(Name of Person) (Name of Person) (Firm/Company)	
_21	20 2:4/e	River La	ne
79/	lahassee (City	Florida //State and Zip Code)	32311
For further information	n concerning this matter, please	call: at (SSO) 656 (Area Code & Daytime Te	19953 Jephone Number)
Enclosed is a check	for the following amount:	•	
ρ \$125.00 Filing Fee	ρ \$130.00 Filing Fee & Certificate of Status	ρ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	ρ \$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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	06(7ALL/

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADDICEDIA		
ARTICLE I - Name: The name of the Limited Liability Company is:	·	,
The mains of the similar states of company is:		
thunger So	rulces La	10
(Must end with the words "Limited Liability Company, "Limited		," or "LC.,")
ADTICLE II. Address:		
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Li	ability Company is
Principal Office Address:	Mailing Address:	
Trincipal Office Address:	Maning Address.	10
2120/Ittle Kiver Lane	1 SAME	as pottice
TAllahassee Florida	FAIT EL 37	<u>ek LN</u> . 311
24.311	17711 11 11 32	<u>,</u>
ARTICLE III - Registered Agent, Registered		
(The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an indivi	idual or another
The name and the Florida street address of the r	egistered agent are:	
, 1 , 1		
//////////////////////////////////////	Houncey JR.	
0100111110		
2120 Little K	ress (P.O. Box NOT acceptable)	
To the street and	FL. Flortla 323/	. 1
City, State, a		/
•	•	
Having been named as registered agent and to a liability company at the place designated in t		
registered agent and agree to act in this capac		
all statutes relating to the proper and complet		•
and accept the obligations of my position as re	gistered agent as provided for in	n Chapter 608, F.S
Mile A	mu In	
Registered Agent's Signat	ure (REQUIRED)	06 SEC
		CKE I
		C 29
, (CONTINUE)	HED)	<u> </u>
(CONTIN	UED)	
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:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	\wedge
MCRM	2/20 Little Kivel Lane
MERM	Loonard P. Pouncey 2122 Little King In, TAllahassee Fl. 32311

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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 signe

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)