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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Se Division of Co				
SUBJECT:	Fields + J	ossi, LLC d Liability Company)		
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
	Donglas	A. Jossi Name of Person)		
	Fields	+ Jossi, LL(
		V 64th Ln (Address)	07	BIVISI SEC
	Gainesu	Ville FL 3263 (State and Zip Code)	MAR -5	N OF CO
	(City	State and Zip Code)	2	759. 99.5
For further information	concerning this matter, please	call:	PH 2: 3	NA STATE
Douglas (Name	Jossi of Person)	at (352) Area Code & Daytime To		HS.
Enclosed is a check for	or the following amount:			
\$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, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section	Street/Courier Address Registration Section	<u>s</u>	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:		
Fields + Joss (Must end with the words "Limited Liability Company, "Limited	* 1)
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	-
3637 NW 64th Ln	3637 NW 64th Ln	_
Gainesville, FL 32653	Gainesville, FL 32653	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signatured Agent. You must designate an individual or anot	ire: ther
The name and the Florida street address of the re	gistered agent are:	DIVIS
Douglas Andre Name		SION OF CO
3637 NW 64 ^H Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)	OF STATE PH 2: 3
Gainesville City, State, an	FL 32653 rd Zip	:31

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)
Page 1 of 2

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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:

MGRM	Douglas A. Jossi 3637NW 64# Ln
MGRM	Gainesville, FL 32653 Rebecca A. Fields 6016 NW 37 th Terr. Gainesville, FL 32653
	
	O7 MAR
(Use attachment if necessary)	
LE V: Effective date, if other fective date is listed, the date days after the date of filing.)	than the date of filing: (OPTIONAY must be specific and cannot be more than five business days

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.)

Rebecca Anne Flelds
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)