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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<u></u>
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SECRETARY OF STATE ALLAHASSEE, FLORID,

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT: Doug Gardner LLC		
(Name of Lin	mited Liability Company)	
The enclosed Articles of Organization and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Douglas Gardner		
(Name of Person)		
(
Doug Gardner LLC		
(Firm/Company)		
428 Ronda Street		
(Address)		
Pensacola, FL 32534		
(City/State and Zip Code)		
(5.13/-2-1110-1111-11-11-11-11-11-11-11-11-11-11		
For further information concerning this matter, please	se cali:	
Douglas Gardner	at (850) 892,3928	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Tallahassee, Florida 32399	E. Gaines Street P.O. Box 6327 ahassee, Florida 32399 Tallahassee, Florida 32314	
Landidasoo, Liolida 34337	i uituituosee, i loi luu sasta	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Doug Gardner LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
428 Ronda Street	428 Ronda Street	
Pensacola, FL 32534	Pensacola, FL 32534	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Douglas Gardner		
Name		
428 Ronda Street		
Florida street address (P.O. Box NOT acceptable)		
Pensacola ,	_{FL} 32534	
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

(CONTINUED)

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SECRETARY OF STATE

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	
MGRM	Douglas Gardner
	428 Ronda Street
	Pensacola, FL 32534
MGRM	Jennifer Gardner
	428 Ronda Street
	Pensacola, FL 32534
(Use attachment if necessary)	
NOTE: An additional article mu	ıst be added if an effective date is requested.
DECLUDED CICHARUDE	
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.)

Douglas Gardner

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)

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