L08000063878

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

Office Use Only



200131616312

07/01/08--01014--015 **160.00

7/1/08 AL

RECEIVED

08 JUL -1 PH 1: 14

ECRETARY OF STATE II AHASSEE ELOBER

COVER LETTER

Registration Section

TO:

Division of Cor	porations -			
SUBJECT:	ollyReel	ر I Liability Company)		
	Warne of Limited	i Liability Company)		
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
-Rob	ert D. Prov	Name of Person)		
_H0	ly Reel	Firm/Company)		
	,	oopuy)		
No	O E. Ten	n. Street	75 O	
		(Address)	F. 2	
	-00 0	51 22	コムの一部に	
/	ellahasse	e, t. 3d	308 8º 1	E .
	(City/	State and Zip Code)	PA SEEF	n
			70 =	C
For further information of	concerning this matter, please c	all:	1: 20 STAT FLORI	
Robert	Shoull al	ACC COLL	0 847 E	
1)00e1 (Nama	of Person)	at (Area Code & Daytime Tel	1987	
(Name	or reison)	(Area Code & Daytime Tel	repnone Number)	
Enclosed is a check fo	r the following amount:	•		
	_	5 (15500 Fili F 0	2	
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status &	
	,	(additional copy is enclosed)	Certified Copy	
			(additional copy is enclosed)	
	Mailing Address	Street/Courier Address		
	Registration Section	Registration Section		
	Division of Corporations	Division of Corporation	s	
	P.O. Box 6327	Clifton Building	Cirola	

Tallahassee, FL 32301

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 Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
1100 E. TENN St. Suiter Tarlahassee, Fl. 32308
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:
Robert Woodfork ASSY
Florida street address (P.O. Box NOT acceptable)
City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limited

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
"MGRM"	Rev. Robert D. Hovita 1100 E. Tenn. St. Svite (A) Talla rassee, Fl. 32308
MGRM	Mr. Emanuel SAPP
MERM	Nellie Rembert P.D. Box 240954 Montg, Al. 36/24 F. 8
	SSR - F
(Use attachment if necessary)	FLORE FLORE
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must prior to or 90 days after the date of filing.)	date of filing: (OPTIONAL) be specific and cannot be more than five business days

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 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)