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SECRETARY OF STATE

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DEPARTMENT OF STATE
VISION OF CORPORATIONS

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	aff Stane (Name of Limited	Liability Company)	
The enclosed Articles of	f Organization and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	SECOND TO
Mar	14 Stone	Name of Person)	SECTION OF THE PROPERTY OF THE
Ma	H Stone L	Firm/Company)	E.FLORIO
35 5	hady Sea St	(Address)	· · · · · · · · · · · · · · · · · · ·
Crowfo	ordville Fl. 3.	State and Zip Code)	
For further information	concerning this matter, please c	all:	
Matt Sta	of Person)	at (<u>850</u>) <u>284</u> - (Area Code & Daytime Tel	ephone Number)
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 Division of Corporations P.O. Box 6327 Tallahasses, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building	s

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:

Principal Office Address:

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

Mailing Address:

35 shady Son st Crowford ille Fl. 32317 34307	<u>s+</u>	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individ business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are: Matt Stone Name	08 SEP -8 SECRETARY ALLAHASSE	7
FL 32327 City, State, and Zip	PH 12: 14 OF STATE E.FLORIDA	M

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)

· (Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _______ (FIGNAL) (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 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)