## U800111795

(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:
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## **COVER LETTER**

TO: Registration Sec Division of Corp			
	Design	7 by Color	
SUBJECT:		Liability Company)	
The enclosed Articles of C	organization and fee(s) are sul	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
<del>- , , , , , , , , , , , , , , , , , , ,</del>	Sarah	Alyce Tyle	
		esign by C	olor
	1418	LOLA Dr.	O8 DEC SECRET
	Tailo	(Address)	3386
<del></del>	(City/S	tate and Zip Code)	<u> </u>
For further information con		11.	21 RIDA
roi futtiei information coi	ncerning this matter, please ca	•	•
- $2a$	-an lyler a	( <u>850</u> ) <u>877-</u> (Area Code & Daytime Tele	555LP
(Name of	Person)	(Area Code & Daytime Tele	phone Number)
Enclosed is a check for the	he 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)
I !	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

## ARTICLE II - Registered Agent, Registered Agent. You must designate an individual oranother business entity with an active Florida registered agent are:

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..

Florida street address (P.O. Box NOT acceptable)

Registered Agen's Signature (REQUIRED)

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		•
MGRM	Charles Tyler 1418 101a or tall F1 32301	Thoma c
		08 DI
•		TAPE OF T
<del></del> .		
(Use attachment if necessary)		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be s to or 90 days after the date of filing.)	ate of filing: 109 specific and cannot be more than five	(OPTIONAI e business days
to or VII days after the date of filling 1		
to or 50 days after the date of thing.		
REQUIRED SIGNATURE:	Saw Wes	(
REQUIRED SIGNATURE:	Dran authorized representative of a memb	oer,

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)