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· (Re	questor's Name)			
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PICK-UP	WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				



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ALLAHASSEE FISIALE

Office Use Only

EFFECTIVE DATE

D. BRUCE

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**EXAMINER** 

## **COVER LETTER**

TO: Registration Division of C				
SUBJECT:	Glass Name of Limit	GUYS DIRECTO	FUC.	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.		
Please return all corres	pondence concerning this matt	ter to the following:		
VER	WOW GASKIN	5		<del></del>
C/193	es Guys 2	Name of Person  C.  Firm/Company	<del></del>	
200	25 S. Mark	nt St.		
19/1	THASSEE 7	Address 3230/	suff	
, , ,	Ciệ	y/State and Zip Code	AE	<b>5</b>
<del></del> ,	E-mail address: (to be used f	or future annual report notification)	<u>→ Σ</u>	- T
For further information	concerning this matter, please	e call:	ASSE	_
	Of Person or the following amount:	at ( <u>SG</u> ) <u>559 - 79</u> Area Code & Daytime Telepl	165 FOR ROOM	ان ان ان ان ان ان ان ان ان ان ان ان ان ا
□\$125.00 Filing Fee	□\$130.00 Filing Fee &	■\$155.00 Filing Fee & □	\$160.00 Filing Fee,	
<b>4</b> \$123.50 Filling Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status Certified Copy (additional copy is encl	s &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cit Tallahassee, FL 32301	rcle	

EFFECTIVE DATE 4

## 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 Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pa	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2025 S. MONRGE St.	2025, S. NEWROE St. INTAMASSEL, 71.32301
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	I Office, & Registered Agent's Signatures dered Agent. You must designate an individual another designate an individual another designate an individual another designate an individual another designate another
The name and the Florida street address of the	registered agent are:
VERMIN GASKIN	<u>5</u>
Name	RATE <b>5</b>
2025 S. Wash	W St.
Florida atreat ad	dross (P.O. Poy NOT accentable)

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

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (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** ignature 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.) yped 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)