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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
: PICK-UP	WAIT	MAIL
, (Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

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EXAMINER

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COVER LETTER

TO:	Registration Section Division of Corporations	k@ m Ø⁴
	C9 C950 LLC	ter en
SUBJI		ited Liability Company
The en	closed Articles of Organization and fee(s) are	e submitted for filing.
Please	return all correspondence concerning this ma	Name of Person
	Christopher G. Newton	EB 2
		Name of Person
		3
		Firm/Company
	2918 Russ St.	
		Address
1	Marianna FL 32446	
	C	ity/State and Zip Code
•	ChrisNewton850@gmail.com	for future annual report notification)
For fur		·
ror tur	ther information concerning this matter, pleas	se cail:
Chris	stopher Newton	at (850) 209-5966
	Name of Person	Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:	
§125.00	Filing Fee \$\int\\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Signature Signa
	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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COM **ARTICLE I - Name:** The name of the Limited Liability Company is: C&C850 LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "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:** 2918 Russ St 2918 Russ St Marianna FL 32446 Marianna FL 32446 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: Christopher G. Newton 2918 Russ St Florida street address (P.O. Box NOT acceptable) Marianna 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 agents 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGMR	Christopher G. Newton 2918 Russ St. Marianna FL 32446
MGR	Christopher Davis
	115 Augusta Ave Midland City AL 36350
(Use attachment if necessary)	
	he date of filing: (OPTIONAL) be specific and cannot be more than five business days p
REQUIRED SIGNATURE:	1 - Auto
Signature of a marr	ber 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Christopher G. Newton

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)