# L11000071973

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PICK-UP WAIT MAIL
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C. Afficiation of Olekon
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
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EXAMINED

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# **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT:	The exoti	C P/9 / ( I Liability Company	Ground	110
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.		
Please return all correspo	ndence concerning this matter	r to the following:		
	Bartellie	Name of Person	Ve	
		Firm/Company		
	P.O. Box	22.81 Address		
<del></del>	Tallahas	SEC F1. 3 State and Zip Code  Colon (Stound 850 for future annual report notification)	523165	
	E-mail address: (to be used for	Cround 850 a)	g mail Ecol	7 ************************************
For further information c	oncerning this matter, please	call:		-
Bartellier Name o	15 Moye f Person	at ( <u>850</u> ) <u>980</u> Area Code & Daytime Telep	ohone Number	
Enclosed is a check for	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 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

### ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	<b>≱</b> g 18	<u> </u>	
129 Rosa miltonlane	P.O. Box 228	<b>P</b> 200	5	
Quincy F1, 32351	Tallahassee Fl		2	Chemina.
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register				Ö
business entity with an active Florida registration.)	red Agent. Too must designate an individual		9	

The name and the Florida street address of the registered agent are:

Bartellicus Moye

Name

129 Rosa Milton Igne

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

Quincy FL 3235/

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 agent as provided for in Chapter 608, F.S..

(CONTINUED)

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Bartelleus Moye P.O. Box 2281 Tallahassee Fl. 32316
	Av.
	<b>7</b> 2
(Use attachment if necessary)	
LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.)	te date of filing: (OPTION) be specific and cannot be more than five business da
LE V: Effective date, if other than the fective date is listed, the date must	te date of filing: (OPTION) be specific and cannot be more than five business da
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:	be specific and cannot be more than five business da
LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a may are that any false inforcement of a may are that any false inforcement of a may are that any false inforcement of the following a state of the following a state of the following and the following a state of the	be specific and cannot be more than five business da  World ber or an authorized representative of a member.  08.408(3), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true.  ormation submitted in a document to the Department of State any as provided for in s.817.155, F.S.)
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a management of a managem	be specific and cannot be more than five business da  Woyl ber or an authorized representative of a member.  08.408(3), Florida Statutes, the execution of this document let the penalties of perjury that the facts stated herein are true.  ormation submitted in a document to the Department of State

ARTICLE IV- Manager(s) or Managing Member(s):

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)