L1200091706

(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:
니UL 1 6 2017
L SELLERS

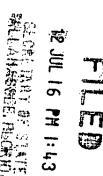
Office Use Only



100236776501

07/16/12--01022--007 **125.00

DEPARTMENT OF STATE



COVER LETTER

	Registration Section
SUBJEC	T: Presnell Investments LLC Name of Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please re	curn all correspondence concerning this matter to the following:
	Michael L. Presnall Name of Person
_	Firm/Company
_	2822 Old St. Augustine Rd
_	Tallahassec, FZ 32301.
	MPresnell 13@ yahoo.com E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
<u>M</u> .	Name of Person at (650) 645-3457 Area Code & Daytime Telephone Number
Enclose	d is a check for the following amount:
	Filing Fee \$\Bigsup \\$130.00 \text{ Filing Fee & Certificate of Status}\$\$ \[\begin{array}{cccccccccccccccccccccccccccccccccccc
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Presnell Investments LI (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited I	Liability Company is:
Principal Office Address:	Mailing Address:	
2822 old St Agustine Rd Tallahausce, Fil 32301	Some	· - · - · - · - · · · · · · · · · · · ·
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)		
The name and the Florida street address of the re		
- 11		
Florida street add	Augustine Rel ress (P.O. Box NOT acceptable)	
Tallahasgec City, Sta	FL 32301	
City, Sta	ite, and Zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis	his certificate, I hereby accept	the appointment as th the provisions of all am familiar with and -
Arolan		me The co
Registered Agent's Signat (CONTIN		F Jul 16
Page 1 of 2		Fig. 3 m

Use attachment if necessary) LE V: Effective date, if other than the date fective date is listed, the date must be spe days after the date of filing.) REQUIRED SIGNATURE:	Michael Presnall 2822 Old St. Augustine Re Tallahuese. Ft. 32301 of filing:
LE V: Effective date, if other than the date fective date is listed, the date must be spedays after the date of filing.)	of filing: (OPTIO
LE V: Effective date, if other than the date fective date is listed, the date must be spedays after the date of filing.)	of filing: (OPTIO
LE V: Effective date, if other than the date fective date is listed, the date must be spedays after the date of filing.)	of filing: (OPTIO
LE V: Effective date, if other than the date fective date is listed, the date must be spedays after the date of filing.)	of filing: (OPTIO cific and cannot be more than five business
days after the date of filing.)	cific and cannot be more than five business (
REQUIRED SIGNATURE:	
MA	
Signature of a number or	n authorized representative of a member.
(In accordance with section 608.408(constitutes an affirmation under the lam aware that any false information constitutes a third degree felony as p	3), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true submitted in a document to the Department of State
Filing Fees:	