# L13 00 0131144

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
•				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



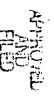
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TO KCHADHLEDGE

TOTAL TOTAL

3 SEP 17 PM12: 4



## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	ine Mikel Name of Limit	ed Liability Company	
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
<del></del>	Stanislas	James	
	Stanislas Barbersho	Partie of Person	,
	119 west was	Address	
	Chattahoochee	FL. 32324 y/State and Zip Code	
		y/State and Zip Code  g hotmail (om or future annual report notification)	***
For further information	concerning this matter, please		
		at (850) 567- Area Code & Daytime Telep	phone Number SEE PH PH
Name	of Person	Area Code & Daytime Telep	phone Number
Enclosed is a check for	or 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 Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address	

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 COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
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 street address.	ne Limited Liability Company is:
Principal Office Address: Mailing Addre	ss:
119 west washington St. Stanislas Chuttahoochee FL. 32324 P.O. Box Quincy F	James 574 L. 3235
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Registered Agent. You must debusiness entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are	SEP SEP
Stanislas James  Name  119 West Washington Street  Florida street address (P.O. Box NOT	acceptable)
Chattahoocher FL 323 City, State, and Zip	24

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)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	· •
MGRM	Stanislas James
	Dungy FL. 32351
No. of the Control of	
·	
	·
(Use attachment if necessary)	·
TCLE V: Effective date, if other than	the date of filing: $9-17-13$ (OPTIONAL)
n effective date is listed, the date n r to or 90 days after the date of filing	nust be specific and cannot be more than five business days
	NAMES OF THE PARTY
REQUIRED SIGNATURE:	
Stais	mber of an authorized representative of a member, 25
Signature of a me	mber of an authorized representative of a member.
l am aware that any false in	608.408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. If a document to the Department of State elony as provided for in s.817.155, F.S.)
	Typed or printed name of signee
·	Typed or printed name of signer

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)