# 4/3000/40492

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### COVER LETTER

Registration Section TO: **Division of Corporations** Select Fire, LLC Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **Charles Pafford** Name of Person Firm/Company 102 Winding Ridge Dr Address Sanford, FI 32773 City/State and Zip Code chuckpafford@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chuck Pafford Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$130.00 Filing Fee & □\$125.00 Filing Fee □\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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 Circle
Tallahassee, FL 32301

# 'ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:				
Select Fire, LLC				
(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 Li	ability C	ompan	ıy is:
Principal Office Address:	Mailing Address:			
102 Winding Ridge Dr	102 Winding Ridge Dr		_	
Sanford, Fl 32773	Sanford, FI 32773			
	red Agent. You must designate an indiv		other 2019 SEP 30 FM 2 2	and agrand
Sanford, FI 32773	FL te, and Zip	Mar	20	
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 capacital statutes relating to the proper and complete and accept the obligations of my position as regional Registered Agent's Signature.	accept service of process for the his certificate, I hereby accept t ty. I further agree to comply w e performance of my duties, and histered agent as provided for i	the appoi oith the pr d I am far	ntment rovision miliar v	as ns of with

(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:

"MGRM" = Mana	ging Member		
Owner = MGR		Charles Pafford	
<u> </u>	_	102 Winding Ridge Dr	
		Sanford, Fl 32773	<del> </del>
		•	
	<u> </u>		F
			(A) (A) (A) (B) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B
	_		
			<u> </u>
	ate, if other than the	date of filing: be specific and cannot be more th	(OPTIONA
CLE V: Effective deffective deffective date is list	ate, if other than the sted, the date must he date of filing.)		(OPTIONA
CLE V: Effective d effective date is lis o or 90 days after t <u>REQUIRED</u> SIG	ate, if other than the sted, the date must he date of filing.)  NATURE:	be specific and cannot be more the	(OPTIONA nan five busine
CLE V: Effective deffective deffective date is list to or 90 days after to reconstitute I am awa	ate, if other than the sted, the date must he date of filing.)  NATURE:  Signature of a member are that any false information under are that any false information under the date of filing.)		(OPTIONAl pan five business in the busine

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)