## L13006152766

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200252816252



DEPARTMENT OF STATE

## **COVER LETTER**

TO: Registration So Division of Con				
SUBJECT: Ric	Chy Godwin Name of Limited	LLC Liability Company		
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Ricky Goo	lmin		
		Name of Person		
				•
	·	Firm/Company		
	8565 A	sell Drive		
		Address		
•	Tallahassee	FL 30310 State and Zip Code		<u></u> *
·	City/			<b>ယ</b> ဓ
<u> </u>	ckygodwin 1	s gmail. Con ruture annia report notification)	<u>ч                                    </u>	13 OCT 30 AM II: 38
			ing the state of t	30 🗗
For further information of	concerning this matter, please o	call:	(m) (1)	
Dale Go	dwin	at (850) 577	545-1900	<del></del> ω
Name o	of Person	Area Code & Daytime Telep	hone Number	8
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 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:		
Ricky Godwin (Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
8565 Belt Drive Tallahassee, FL 32310	Same	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another	
The name and the Florida street address of the re	egistered agent are:	
Name	730 788	
8565 - Bell	ress (P.O. Box NOT acceptable)	Ţ
Florida street addr	-FI 3131/)	
City, Stat	te, and Zip	
liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a performance of my duties, and I am familiar with distered agent as provided for in Chapter 608, F.S	
,	//	

(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:		
MGRM	Ricky Godwin  8565 Belk Dr.  Tall. FL 32310		
<del></del>			
(Use attachment if necessary)		•	
ARTICLE V: Effective date, if other than the	date of filing: (OP 10) be specific and cannot be more than five bus	0	
REQUIRED SIGNATURE:	R. Confund	AM II: 38	Ē
(In accordance with section 608.constitutes an affirmation under the lam aware that any false informationstitutes a third degree felony	408(3). Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true at the submitted in a document to the Department of State as provided for in s.817.155, F.S.)		
MARdin	ped 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)