## 14000007223

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

CO	VER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: Documentation Ir	ntegrity, LLC
Name of Lim	nited Liability Company
The enclosed Articles of Organization and fee(s) are	re submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Cynthia Uhing	
	Name of Person
Documentation In	tegrity, LLC
	Firm/Company
1948 Harston Trai	il
	Address
The Villages, FL 3	32162
mjuhing3@gmail.com	City/State and Zip Code
	to be used for future annual report notification)
For further information concerning this matter, plea	ase call:
Cynthia Uhing	352 、391-8216
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ Certificate of Status	\$155.00 Filing Fee & \$160.00 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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION	N FOR FLORIDA LIMITED LIABILITY C	OMPANY
ARTICLE 1 - Name: The name of the Limited Liability Company is:		
Documentation Integrity, LLC		
(Must end with the words "L	Limited Liability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Cor	mpany is:
Principal Office Address:	Mailing Address:	
1948 Harston Trail	1948 Harston Trail	
The Vinages, FL 32162	The Villages, FL 32162	
ARTICLE III - Registered Agent, Registered Of The Limited Liability Company cannot serve as in another business entity with an active Florida region of the region of the region of the region.	its own Registered Agent. You must des istration.)	
Cynthia Uhing		
	Name	
1948 Harston Trail		
Florida street address (P.	O. Box NOT acceptable)	
ı ne vıllages	FL 32162	
City	Zip	
Having been named as registered agent and to ac the place designated in this certificate, I hereby capacity. I further agree to comply with the prov of my duties, and I am familiar with and accept	y accept the appointment as registered a visions of all statutes relating to the prop	gent and agree to act in this per and complete performance
Guthia	Uluica 1/5/20 s Signature (REDUIRED)	14
Registered Agent's	s Signature (REQUIRED)	
(CON	NTINUED)	t
Pa	age 1 of 2	ALI SEC
		FILED  JAN -9 PH # 48  PRETARY OF HAVE  AND ASSESS OF SHOOTS

<u>Fitle:</u> 'AMBR" = Authorized 'MGR" = Manager	Member	Name and Address:
AMBR		Cynthia Uhing
		1948 Harston Trail
		The Villages, FL 32162
		<del> </del>
EV: Effective date, if o ctive date is listed, the	ther than the date of filing	g: (OPTIONAL) nd cannot be more than five business days prior to or 9
Use attachment if necessive the continuous street, if of the continuous street, the filling.)	ther than the date of filing date must be specific an	g: (OPTIONAL) nd cannot be more than five business days prior to or 9
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