## 614000088214

(Red	questor's Name)	
(Add	lress)	
(Add	tress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies		
Special Instructions to F	Filing Officer:	
<u>.</u>		





600260677486

06/03/14--01002--005 \*\*130.00



T Burn & LUIT

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Nole Detail 1	And Refer LLC.
Name of Li	mited Liability Company
The enclosed Articles of Organization and fee(s) a	are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Willie Chistle	
	Name of Person
	Firm/Company
704 W carolina	ST APT BB
704 W carolina	Address
Tayleemoney & E-mail address: (to be use	F/ 32304
7 111112	City/State and Zip Code
) ay leemoney (6)	by the mail. Com
For further information concerning this matter, ple	
Will ChristRe at (	229 289 BB6
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{S130.00 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	Street/Courier Address
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
1 ananassee, FL 32314	Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

	l office of the Limited Liability Company is:	
rincipal Office Address:	Mailing Address:	00
TO 4 W Caroling ST APT BB TO 1914 A FT, 30204	704 W Carling St Alt	BB
Tallahas a F1 3204	Tallah Fl 32364	
nother business entity with an active Florida registrate he name and the Florida street address of the register  Willie Christer	,	
701 11 0 Nat	ina St. APt BB	
109 W Catol		
Florida street address (P.O. B	<del></del> -	
Tallahassee City	FL 32304	
City	` Zip	
	service of process for the above stated limited liab	bility compan e to act in thi

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	101 01-00
<u> </u>	Villie Christian
	Tallahass of FT
AmBR	Willie Christic
1	704 W GADIM ST APT BIB
	Tallahassee FL
<u> </u>	The state of the s
	77 P. 18.
	Vis.
· · · · · · · · · · · · · · · · · · ·	
	<u>,                                     </u>
(Use attachment if pagessary)	phony Processing Control of the Cont
	ate of filing: 6/7/4 (OPTIONAL) specific and cannot be more than five business days prior to or 90 d
CLE V: Effective date, if other than the date	
CLE V: Effective date, if other than the date effective date is listed, the date must be te of filing.)  CLE VI: Other provisions, if any.	
CLE V: Effective date, if other than the date effective date is listed, the date must be the of filing.)  CLE VI: Other provisions, if any.  Am Sile Owner  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 d
CLE V: Effective date, if other than the date effective date is listed, the date must be the of filing.)  CLE VI: Other provisions, if any.  Am Sile Owner  REQUIRED SIGNATURE:  Signature of a signature	specific and cannot be more than five business days prior to or 90 d
CLE V: Effective date, if other than the date effective date is listed, the date must be the of filing.)  CLE VI: Other provisions, if any.  Am Sole Owner  REQUIRED SIGNATURE:  Signature of a macordance with section constitutes an affirmation up	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true.
CLE V: Effective date, if other than the date effective date is listed, the date must be the of filing.)  CLE VI: Other provisions, if any.  Am Sile Owner  REQUIRED SIGNATURE:  Signature of a man affirmation of the constitutes an affirmation of the constitutes a third degree fellows.	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the date effective date is listed, the date must be the of filing.)  CLE VI: Other provisions, if any.  Am Sile Owner  REQUIRED SIGNATURE:  Signature of a man affirmation of the constitutes an affirmation of the constitutes a third degree fellows.	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the date effective date is listed, the date must be the of filing.)  CLE VI: Other provisions, if any.  Am Sile Owner  REQUIRED SIGNATURE:  Signature of a man affirmation of the constitutes an affirmation of the constitutes a third degree fellows.	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State

Page 2 of 2