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PICK-UP	☐ WAIT	MAIL
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T. BROWN

COVER LETTER

	Division of C	Corporations			:,	,	10 ₄
SUBJE	CT: <u>Joyce</u> a	ind Dougs All	In One Name of Li	mited Liability	Company		
The enc	losed Articles	of Organization	n and fee(s) a	re submitted fo	or filing.		
Please re	eturn all corre	spondence cond	erning this m	natter to the fol	llowing:		
	<u>Douglas</u>	and Joyce Co	nk	Name of Po	erson		
	Joyce an	d Dougs All Ir	n One	Firm/Com	pany		
	<u>15410 NI</u>	<u>Jacksonville</u>	Road	Address			
	Citra, Flo	rida 32113	(City/State and I	Zip Code		
dou	iglas.conk@	gmail.com E-mail addre	joyce.co ss: (to be use	nk@gmail.co d for future an	m nual report notifi	ication)	
For furth	ner information	1 concerning th	is matter, ple	ase call:			
<u>Dougla</u>			at (_	352) Area Code			
Enclose	d is a check fo	r the following	amount:				
\$125.00	Filing Fee		_	Certified	Copy) Ce	60.00 Filing Fee, ertificate of Status & ertified Copy itional copy is enclosed)
]	The enclosed	SUBJECT: Joyce a The enclosed Articles Please return all corres Douglas Joyce an 15410 Ni Citra, Flo douglas.conk@ For further information Douglas and Joyce Name	SUBJECT: Joyce and Dougs All The enclosed Articles of Organization Please return all correspondence cond Douglas and Joyce Co Joyce and Dougs All In 15410 NE Jacksonville Citra, Florida 32113 douglas.conk@gmail.com E-mail addre For further information concerning the Douglas and Joyce Conk Name of Person Enclosed is a check for the following \$125.00 Filing Fee	SUBJECT: Joyce and Dougs All In One Name of Lit The enclosed Articles of Organization and fee(s) a Please return all correspondence concerning this m Douglas and Joyce Conk Joyce and Dougs All In One 15410 NE Jacksonville Road Citra, Florida 32113 Codouglas.conk@gmail.com joyce.co E-mail address: (to be use For further information concerning this matter, please For further information concerning this matter, please Douglas and Joyce Conk at (1) Name of Person Enclosed is a check for the following amount:	SUBJECT: Joyce and Dougs All In One Name of Limited Liability The enclosed Articles of Organization and fee(s) are submitted for the enclosed Articles of Organization and fee(s) are submitted for the following amount: S125.00 Filing Fee Subject and Dougs All In One Name of Possible Road Address: Name of Possible Road Address: City/State and Address: Area Code S125.00 Filing Fee S125.00 Filing Fee S125.00 Filing Fee S125.00 Certificate of Status City In Douglas and Liability Name of Limited Liability Name of Possible Road Name of Possible Road Address: S125.00 Filing Fee S125.00 Filing Fee Certificate of Status Certificate Of Status	SUBJECT: Joyce and Dougs All In One 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: Douglas and Joyce Conk Name of Person Joyce and Dougs All In One Firm/Company 15410 NE Jacksonville Road Address Citra, Florida 32113 City/State and Zip Code douglas.conk@gmail.com E-mail address: (to be used for future annual report notif For further information concerning this matter, please call: Douglas and Joyce Conk Name of Person Area Code Daytime 1 Enclosed is a check for the following amount: \$125.00 Filing Fee Certificate of Status Certified Copy	SUBJECT: Joyce and Dougs All In One 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: Douglas and Joyce Conk Name of Person Joyce and Dougs All In One Firm/Company 15410 NE Jacksonville Road Address Citra, Florida 32113 City/State and Zip Code douglas.conk@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Douglas and Joyce Conk Name of Person Area Code Daytime Telephone Enclosed is a check for the following amount: \$125.00 Filing Fee Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy Centified Copy Centified Copy Centified Copy Centified 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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	20.
The name of the Limited Liability Company is:	
Joyce and Dougs All In One "LLC"	
	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	te of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
15410 NE Jacksonville Road Citra. FL 32113	15410 NE Jacksonville road Citra. FL 32113
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	gistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	ent are:
15410 NE SCHOON Florida street address (P.O. Box N	VILE MO OT acceptable)
<u>City</u>	FL 32113 Zip
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligation.	ce of process for the above stated limited liability company at a appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S
Mullson Roth Registered Agent's Signatur	e (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Fitle:</u> AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
Joyce Conk "MGR"	15410 NE Jacksonville Road
	Citra, FL 32113
Doug Conk "MGR"	15410 NE Jacksonville Road
	Citra, FL 32113
E V: Effective date, if other than the date to the sective date is listed, the date must be sective.	nte of filing: <u>May, 28 2014</u> . (OPTIONAL) specific and cannot be more than five business days prior to or
E V: Effective date, if other than the datective date is listed, the date must be of filing.)	te of filing: <u>May, 28 2014</u> . (OPTIONAL) specific and cannot be more than five business days prior to or
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REQUIRED SIGNATURE: Signature of a signature of a signature of a signature of a signature are a signature of a signature	rember of an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State pay as provided for in s,817.155, F.S.)
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\$ 5.00 Certificate of Status (Optional)