## U140000098706

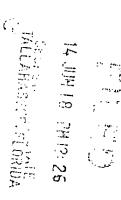
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## **COVER LETTER**

TO: Registration Division of C			
SUBJECT: RUNNE	R-RUNNER ERRAND SE Name of Lin	RVICES, LLC nited Liability Company	
	of Organization and fee(s) ar		
Please return all corres	pondence concerning this m	atter to the following:	
RICHARI	S PARRETT	Name of Person	
RUNNER	-RUNNER ERRAND SEF	RVICES LLC Firm/Company	·
		rirm/Company	
870 N JE	RICO DR	Address	dorum/a, - X-1/4, 1
CASSELE	BERRY, FL 32707	ity/State and Zip Code	
_mavric829@gma	ail.com		
	E-mail address: (to be used	for future annual report notifica	ition)
For further information	concerning this matter, plea	se call:	
LINDA PARRETT	at (_4		lephone Number
114111	0 0 1 0 1 0 1 0 1 0 1	The Code Dayina Tel	repriene (varioe)
Enclosed is a check for	the following amount:		
☐ \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	S155.00 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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
RUNNER-RUNNER ERRAND SERVICES LLC (Must end with the words "Lir	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the princi	pal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
870 N Jerico Dr Casselberry, Fl 32707	870 N Jerico Dr Casselberry, Fl 3270	<u>)7</u>
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regist. The name and the Florida street address of the regist.	own Registered Agent. You must designate an in tration.)	dividual or
RICHARD S PARRETT	Name	
870 N JERICO DR Florida street address (P.O	. Box NOT acceptable)	
CASSELBERRY	FL 32707	
City	Zip	
capacity. I further agree to comply with the provis of my duties, and I am familiar with and accept the Registered Agent's S	accept the appointment as registered agent and ag	ree to act in this plete performance s provided for in

<u> Title:</u>	Name and Address:
"AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	LINDA PARRETT
	870 N JERICO DR
	CASSELBERRY, FL 32707
MGR	BRITTANY PARRETT
	870 N JERICO DR
	CASSELBERRY, FL 32707
······································	
(Use attachment if necessary)  EV: Effective date, if other than the ctive date is listed, the date must filing.)	e date of filing: <u>JUNE 11, 2014</u> . (OPTIONAL) be specific and cannot be more than five business days prior to or 9
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