# L14000125145

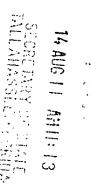
| (Re                     | equestor's Name)   |                    |
|-------------------------|--------------------|--------------------|
| (Ad                     | ldress)            |                    |
| (Ad                     | ldress)            | , <u>"</u>         |
| (Cit                    | ty/State/Zip/Phone | <del>&gt;</del> #) |
| PICK-UP                 | ☐ WAIT             | MAIL               |
| (Ви                     | ısiness Entity Nar | ne)                |
| (Do                     | ocument Number)    |                    |
| Certified Copies        | _ Certificates     | s of Status        |
| Special Instructions to | Filing Officer:    |                    |
|                         |                    |                    |
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Office Use Only



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### **COVER LETTER**

|                 | gi <del>str</del> ation Se<br>vision of Cor |   | : •   |  |
|-----------------|---|---|---|--|
| SUBJECT:        | JE.   |   | imited Liability Company  | es LLC   |
| The enclose     | d Articles of                               | Organization and fee(s)                     | are submitted for filing.   |  |
| Please return   | n all correspo                              | endence concerning this r                   | natter to the following:  |  |
|                 | <del></del>                                 | JEFFREY                                     | Name of Person  | mery   |
| -               | 7   | EFF MONTS                                   | Firm/Company  | tes LLC  |
| -               |   | 2357 N.                                     | W. B PLACE  |  |
|                 |   |   | Address   |  |
| -               |   | GAINESVIC                                   | City/State and Zip Code   | >2_  |
|                 |   |   |   |  |
|                 | MON   | TGOME/CYASS                                 | ed for future annual report notifica                                | ation)   |
| For further in  |   | oncerning this matter, ple                  | •   | won,   |
| JEFF V          | Monto<br>Name o                             | onsey at (                                  | 352) 339-67<br>Area Code Daytime Te                                 | 725<br>Jephone Number  |
| Enclosed is a   | a check for th                              | e following amount:                         |   |  |
| □ \$125.00 Fili | ng Fee                                      | \$130.00 Filing Fee & Certificate of Status | □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | S160.00 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:  |  |
|--|--|
| JEFF Wortsomer, PR.  (Must end with the words "Limited I   | JERTES LLC Liability Company, "L.L.C.," or "LLC.")   |
| ARTICLE II - Address: The mailing address and street address of the principal off  | ice of the Limited Liability Company is:   |
| Principal Office Address:  | Mailing Address:   |
| 2357 MW. 13 PLACE GAINESVILLE, FL. 32605   | <u>54mE</u>  |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.       | egistered Agent. You must designate an individual or   |
| The name and the Florida street address of the registered a  | gent are:  |
| JEFFREY M  | MONTGOMERY   |
| Name   | MONTGOMERY<br>13 PLACE   |
| 2357 H.W.  | 13 PLACE   |
| Florida street address (P.O. Box ]   | NOT acceptable)  |
| GAINESULUE,<br>City  | FL 32605   |
| City   | Zip  |
| the place designated in this certificate, I hereby accept a capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig | ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S |
| Registered Agent's Signatu   | re (REQUIRED)  |
|  | 200  |
| (CONTINUE  | D)   |
| Page 1 of 2  |  |
|  |  |

| Title:   | Name and Address:  |
|--|--|
| AMBR" = Authorized Member  |  |
| MGR" = Manager AMBR  | TEFFREY M. MONTEDMERY<br>2357 N.W. 13 PLACE<br>GALLESYILLE FL. 32625   |
|  | GAHESWILE, FL. 32605   |
| MER  | HRISTY O. MONTEMER<br>2357 N.W. 13 PLACE<br>GAINESVILLE FL. 22605  |
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| EV: Effective date, if other than the date   |  |
| EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)  | e of filing:   |
| EV: Effective date, if other than the date ctive date is listed, the date must be sp filling.)   |  |
| EV: Effective date, if other than the date ctive date is listed, the date must be spread filling.) EVI: Other provisions, if any.  |  |
| EV: Effective date, if other than the date etive date is listed, the date must be spread filling.) EVI: Other provisions, if any.  REQUIRED SIGNATURE:   | pecific and cannot be more than five business days prior to or 9   |
| E V: Effective date, if other than the date etive date is listed, the date must be springly.  E VI: Other provisions, if any.  EVI: Other provisions, if any.  Signature of a me (In accordance with section 66 constitutes an affirmation undil am aware that any false information.                            |  |
| E V: Effective date, if other than the date etive date is listed, the date must be springer.  E VI: Other provisions, if any.  E VI: Other provisions, if any.  Signature of a me (In accordance with section 60 constitutes an affirmation und I am aware that any false infor constitutes a third degree felor | ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)   |
| EV: Effective date, if other than the date etive date is listed, the date must be sprifiling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation undid I am aware that any false infor constitutes a third degree felor          | ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)   |
| EV: Effective date, if other than the date etive date is listed, the date must be sprifiling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation undid I am aware that any false infor constitutes a third degree felor          | ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State ny as provided for in s.817.155, F.S.)  FFREY M. WATGOMERY  Typed or printed name of signee  |
| EV: Effective date, if other than the date ctive date is listed, the date must be sp filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a man (In accordance with section 60 constitutes an affirmation und I am aware that any false inforced constitutes a third degree felor.       | ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)   |
| Signature of a me (In accordance with section of constitutes an affirmation undil am aware that any false inforconstitutes a third degree felor  | ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)  FFRE M. Wortsoner  Typed or printed name of signee  Filing Fees: rganization and Designation of Registered Agent |