## 614000131853

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(Čity.	/State/Zip/Phone	 e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



400263281674

08/25/14--01001--018 \*\*160.00

DEPARTMENT OF STAT

THE AUG 22 PM 2: 18

## **COVER LETTER**

TO: Registration Division of	n Section Corporations		
SUBJECT: M	ppinToody Han	Ndmade LLC nited Liability Company	
The enclosed Articles	of Organization and fee(s) ar	re submitted for filing.	
Please return all corre	espondence concerning this m	atter to the following:	
	Mary E.	Tippin - Moody Name of Person	/
	Mippin Toody	Firm/Company	LLC
	والمراجعة المساور	1	
-	591 MC	Ory Hull Address	
<del></del>	Hava	tity/State and Zip Code	333
	Mary 12 tipp E-mail address: (to be ase	n MOO J Q Q d for future annual report notifica	mail. Com
For further information	at (at (	850 , 510-34	(cell) -68- (cave voice) lephone Number
Enclosed is a check for	or the following amount:		
☐ \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address	Street/Courier Add	ress

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:	
MippinToody Haud (Must end with the worlds "Limited I	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:
591 Hickory Lane Hawana, FL 32333	591 Hickory Lane Havama, FL 30333
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Ranother business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a  Mary Elizabeth Name  591 Hickory Mary Florida street address (P.O. Box)	Tippin-Moody SSE 3 17
Havana City	FL 27 533

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager MGR	14	
M6R	Mary E. Tippin-Moody	
	391 HUMBY LINE '	
	pmani 10, 1795	
<u>AMBR</u>	Henry E. Moody III	
	591HICKOYY MINE	
	HOWANT PL 3P33	
AMBR	Amy Moody Bell	
	38/16 Castle berry Druve	
	Tananassee PL . 56505	
<u>AMBR</u>	Catherine Anne Moody	
•	591 Hickory Lave	
	$-\Pi U U U U U U U U U U U U U U U U U U U$	
(Use attachment if necessary)	(OPTIONAL)	
CLE V: Effective date, if other than the ceffective date is listed, the date must be		<b>4</b>
CLE V: Effective date, if other than the c	ilate of filing:	
CLE V: Effective date, if other than the ceffective date is listed, the date must be	date of filing: (OPTIONAL); e specific and cannot be more than five business days prior to de 90	A AUG 2
CLE V: Effective date, if other than the ceffective date is listed, the date must be te of filling.)	late of filing: (OPTIONAL); e specific and cannot be more than five business days prior to de 90	AUG 22
CLE V: Effective date, if other than the ceffective date is listed, the date must be te of filling.)	date of filing:	AUG 22
CLE V: Effective date, if other than the ceffective date is listed, the date must be te of filling.)	date of filing:	AUG 22 PH
CLE V: Effective date, if other than the ceffective date is listed, the date must be te of filling.)	date of filing:	AUG 22
CLE V: Effective date, if other than the ceffective date is listed, the date must be te of filling.)  CLE VI: Other provisions, if any.	tate of filing:	AUG 22 PH
CLE V: Effective date, if other than the deffective date is listed, the date must be the of filling.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE;	e specific and cannot be more than five business days prior to de 90	AUG 22 PH 2: 1
CLE V: Effective date, if other than the deffective date is listed, the date must be the of filling.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE;  Signature of a (In accordance with section)	Especific and cannot be more than five business days prior to de 90  Especific and cannot be more than five business days prior to de 90  Especific and cannot be more than five business days prior to de 90  Especific and cannot be more than five business days prior to de 90  Especific and cannot be more than five business days prior to de 90  Especific and cannot be more than five business days prior to de 90  Especific and cannot be more than five business days prior to de 90  Especific and cannot be more than five business days prior to de 90  Especific and cannot be more than five business days prior to de 90  Especific and cannot be more than five business days prior to de 90  Especific and cannot be more than five business days prior to de 90  Especific and cannot be more than five business days prior to de 90  Especific and cannot be more than five business days prior to de 90  Especific and cannot be more than five business days prior to de 90  Especific and cannot be more than five business days prior to de 90  Especific and cannot be more than five business days prior to de 90  Especific and cannot be more than five business days prior to de 90  Especific and cannot be more than five business days prior to de 90  Especific and cannot be more than five business days prior to de 90  Especific and cannot be more than five business days prior to de 90  Especific and cannot be more than five business days prior to de 90  Especific and cannot be more than five business days prior to de 90  Especific and cannot be more than five business days prior to de 90  Especific and cannot be prior to de 90  Especific and canno	AUG 22 PH 2: 1
CLE V: Effective date, if other than the deffective date is listed, the date must be the of filling.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE;  Signature of a (In accordance with section constitutes an affirmation up a section constitutes and a section constitutes an affirmation up a section constitutes and a se	member of an authorized representative of a member.  1605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.	AUG 22 PH 2: 1
CLE V: Effective date, if other than the ceffective date is listed, the date must be te of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation upon a name of the constitutes and a name of the	member of an authorized representative of a member.  a 605.0203 (1) (b), Florida Statutes the execution of this document under the penalties of perjury that the facts stated herein are true.  a formation submitted in a document to the Department of State	AUG 22 PH 2: 1
CLE V: Effective date, if other than the ceffective date is listed, the date must be te of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation of I am aware that any false in constitutes a third degree for the section constitutes at a section constitutes at the	member of an authorized representative of a member.  a 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  a formation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)	AUG 22 PH 2: 1
CLE V: Effective date, if other than the ceffective date is listed, the date must be te of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation of I am aware that any false in constitutes a third degree for the section constitutes at a section constitutes at the	member of an authorized representative of a member.  a 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  a formation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)	AUG 22 PH 2: 1
CLE V: Effective date, if other than the ceffective date is listed, the date must be te of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation of I am aware that any false in constitutes a third degree for the section constitutes at a section constitutes at the	member of an authorized representative of a member.  a 605.0203 (1) (b), Florida Statutes the execution of this document under the penalties of perjury that the facts stated herein are true.  a formation submitted in a document to the Department of State	AUG 22 PH 2: 1