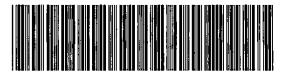
#14000134816

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #) .
PICK-UP	WAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	<u></u>	

Office Use Only



400263032364

08/13/14--01008--005 **130.00



K. SALY EXAMINER AUG 28 2014



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 13, 2014

LINDA FIELDER 17 OAK ST YALAHA, FL 34797

SUBJECT: T.L.C., L.L.C. Ref. Number: W14000049511

We have received your document for T.L.C., L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 314A00017372

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	FCT: F & D Enterprizes, LLC Name of Lin	mited Liability Company	
		,,,	
The er	aclosed Articles of Organization and fee(s) a	re submitted for filing.	
Pleasc	return all correspondence concerning this m	natter to the following:	
	Linda C. Fielder		
		Name of Person	
	F & D Enterprizes, LLC		·
		Firm/Company	
	47 Oak Street		
	17 Oak Street	Address	
	Yalaha, Florida 34797		<u></u>
	(City/State and Zip Code	
<u>T</u>	mF51@hotmail.com E-mail address: (to be use	d for future annual report notifica	ution)
For fu	rther information concerning this matter, ple	ase call:	
<u>Linda</u>		352) <u>430-9524</u>	
	Name of Person	Area Code Daytime Tel	lephone Number
Enclos	sed is a check for the following amount:		
□ \$125.0	00 Filing Fee S130.00 Filing Fce & 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)
	Mailing Address Registration Section	Street/Courier Adda Registration Section	r <u>ess</u>
	Division of Corporations P.O. Box 6327	Division of Corporat Clifton Building	ions
	Tallahassee, FL 32314	2661 Executive Cent Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKI	ICLES OF ORC	ANZAHONFOR	LI YAKIDA LAMI LED IWA	IDILITY COMPANY	
ARTICLE I - Name:					
The name of the Limite	d Liability Co	mpany is:			199 H 12
F & D Enterprizes, Lt	С				12. 12. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14
		he words "Limited	Liability Company, "I	L.L.C.," or "LLC.")	To the
			, , ,		
ARTICLE II - Address The mailing address and		s of the principal o	office of the Limited Li	ability Company is:	MINES PAR. 22
Principal Office Addr	ess:		Mailing Address:		
17 Oak Street			17 Oak Street		
Yalaha, FL 34797			Yalaha, FL 3479)7	<u> </u>
				.	
The name and the Flori	da street addre	•			
	17 Oak Stre	et			
			x NOT acceptable)		
	Yalaha		FL 34797		
		City	Zip		
the place designated capacity. I further ag	i in this certific ree to comply im familiar wit	rate, I hereby accepwith the provisions hand accept the ob Chap	ervice of process for the option the appointment as re of all statutes relating obligations of my position oter 605, F.S	egistered agent and ag to the proper and comp	ree to act in this olete performance

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	thorized to manage and control the Limited Liability Company: Name and Address: Linda Carol Fielder 17 Oak Street Yalaha, FL 34797 Tim Fielder 17 Oak Street Yalaha, FL 34797
"MGR" = Manager	Linda Carol Fielder
MGR	17 Oak Street
	Yalaha, FL 34797
AMBR	Tim Fielder 70
	17 Oak Street
	Yalaha, FL 34797
E V: Effective date, if other than the date ective date is listed, the date must be sp	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after
ective date is listed, the date must be sp of filing.) E VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 days after
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) E VI: Other provisions, if any.	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 days after
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 days after
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me	ecific and cannot be more than five business days prior to or 90 days after
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60)	ecific and cannot be more than five business days prior to or 90 days after the content of the
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under section of the section of	ecific and cannot be more than five business days prior to or 90 days after the control of the control of this document of the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	ecific and cannot be more than five business days prior to or 90 days after the comber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felor	ecific and cannot be more than five business days prior to or 90 days after the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	ecific and cannot be more than five business days prior to or 90 days after the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felor	ecific and cannot be more than five business days prior to or 90 days after the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)

Page 2 of 2