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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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COVER LETTER

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TO: Registratio Division of	n Section Corporations				
SUBJECT: San A	ntonio Pottery LLC Name of Lii	mited Liability Company	 		
The enclosed Article	s of Organization and fee(s) a	re submitted for filing.			
Please return all corr	espondence concerning this re	natter to the following:			
inho C	Paula				
<u>John S.</u>	DOVIE	Name of Person		_	
San Ant	onio Pottery	Firm /Commons			
		Firm/Company			
11903 0	Curley Street				
		Address			
San Ant	onio, Florida 33576	City/State and Zip Code		2015	
		thy/State and Zip Code	مرخ سا	<u>. * * - 77 </u>	
jackboylepotte	ry@tampabay.rr.com E-mail address: (to be use	d for future annual report notific	ation)	EB 2	523(344)
Buch de l'est d			or o		1
For turiner information	on concerning this matter, ple	ase cair:			1
Deborah Gillars	at (<u>:</u>	352) 588-3879		9: 20 STATE	Seemos:
	me of Person		elephone Number	20	
			·		
Enclosed is a check f	for the following amount:				
3 \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fe Certificate of State Certified Copy (additional copy is er	us &	
Ma	siling Address	Street/Courter Add	Page		

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:	
San Antonio Pottery LLC	
(Must end with the words "Lir	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	The second state of the second
The mailing address and street address of the princi	pal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11903 Curley Street	P.O.Box 63
San Antonio, Fl 33576	San Antonio, FL 33576
33370	555/6
another business entity with an active Florida regist The name and the Florida street address of the regist Tohn S. Boy Il 903 Curl Florida street address (P.O.)	tered agent are: Q Name Street Box NOT acceptable)
San antonio	FL 33576
the place designated in this certificate, I hereby a capacity. I further agree to comply with the provis of my duties, and I am familiar with and accept the Registered Agent's S	apt service of process for the above stated limited liability company at accept the appointment as registered agent and agree to act in this sions of all statutes relating to the proper and complete performance the obligations of my position as registered agent as provided in Chapter 605, F.S
(CONT	'INUED)

Page 1 of 2

Fitle:	Name and Address:
AMBR" = Authorized Member MGR" = Manager	
MGR	John S. Boyle
	32926 Michigan Ave.
	San Antonio, Fl 33576
AMBR	Deborah M. Gillars
	32926 Michigan Ave.
	San Antonio, FL 33576
	<u> </u>
ctive date is listed, the date must be	ate of filing: March 4, 2015 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
EV: Effective date, if other than the d	ate of filing: March 4, 2015 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
EV: Effective date, if other than the detive date is listed, the date must be filling.)	ate of filing: March 4, 2015 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
V: Effective date, if other than the detive date is listed, the date must be filling.) VI: Other provisions, if any.	ate of filing: March 4, 2015 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
V: Effective date, if other than the detive date is listed, the date must be filling.) VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 days member or an authorized representative of a member.
CV: Effective date, if other than the detive date is listed, the date must be filling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section)	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than the detive date is listed, the date must be filling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document needs the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the detive date is listed, the date must be filling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document
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V: Effective date, if other than the detive date is listed, the date must be filling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree fee	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document noder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State