Lisao 0657155

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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J. Entrers APR n 1 797

COVER LETTER-

TO: Registration S Division of Co			
SUBJECT: Ho	andy Willia Name of Lin	nited Liability Company	
The enclosed Articles of	f Organization and fee(s) a	re submitted for filing.	
Please return all corresp	ondence concerning this m	natter to the following:	
W	lilliam Pe	Name of Person	
Ho	undy Will		
380	1 Mobile 1	Huy. Apt. 5	
Ren	sacola, Fu	32505 City/State and Zip Code	
<u> Digba</u>	be 27 e que E-mail address: (to be use	City/State and Zip Code Mail. Com Indicate the control of the co	ition)
	concerning this matter, ple		
William P	efers at (850 776-3 Area Code Daytime Tel	3559 ephone Number
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)
	ng Address ration Section	Street/Courier Adda Registration Section	ress

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
Handy William L Must end with the words "Limited I	LA	
Must end with the words "Limited I	_iability Company, "L.L.C.," or "LL	_C.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Compar	ny is:
Principal Office Address:	Mailing Address:	
3801 Mobile Huy. Apt. 5	SAME	
Pensacola, Fi 32505		
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration	Registered Agent. You must designa	ite an individual or
The name and the Florida street address of the registored a	agent are:	
3801 Mobil		
Florida street address (P.O. Box)	NOT acceptable) FL 33505	
City	Zip	
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obligious control of the control of t	the appointment as registered agent fall statutes relating to the proper at	and agree to act in this nd complete performance
Chapte	er 605, E.S.	
Mini (
Registered Agent's Signatu	are (REQUIRED)	5
		A A
(CONTINUE	:D)	
Page 1 of 2		11 11 11
		1:57

<u>l'itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	11011 ma Palas
AMBO	William Keters
	3801 Mobile Muy. Apt. 5
	Pensacola, FL 3555
•	
V: Effective date, if other than the date of the date is listed, the date must be specified.	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.)	
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