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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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COVER LETTER

то:	Registration Division of C	Section Corporations		
SUBJEC			nited Liability Company	Sonders LLC
The enclo	sed Articles	of Organization and fee(s) ar	e submitted for filing.	
Please ret	urn all corres	spondence concerning this ma	. •	
		Tyler Co	Name of Person	
			Name of Person	
		Tyler	Sonders LL Firm/Company	<u></u>
		1	Firm/Company	
		Co3 anno		
			Address	
	<u> </u>	Crawford	ville FC	52327
************		<i>C</i>	ity/State and Zip Code	ation)
For furthe	er information	n concerning this matter, plea	ase call:	
	- ,	\mathcal{O}	850, 479-	7784 Iephone Number
Enclosed	is a check fo	r 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)
	Mai	ling 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:	製廠	জ
The name of the Limited Liability Company is:	1 mars 2 mm	APR
Tyler Cole Sanders LLC		0 5
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	Till a	77°
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	Ph.	9:27
Principal Office Address: Mailing Address:		
63 ang Dr. 45 aras Circle.		
Crownerdille FL 37327 Crownerdille FC	. 	
31327		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an i	ndividual (3 r
another business entity with an active Florida registration.)	mai viadai e	,,
The name and the Florida street address of the registered agent are:		
lyler Cole Sanders Name		
Name		
(03 Hora D		
Florida street address (P.O. Box NOT acceptable)		
(()) 27 37 7		
Crowfordille FL 32327 City Zip		
City Zip		
Having been named as registered agent and to accept service of process for the above stated limited the place designated in this certificate, I hereby accept the appointment as registered agent and a capacity. I further agree to comply with the provisions of all statutes relating to the proper and con of my duties, and I am familiar with and accept the obligations of my position as registered agent to Chapter 605, F.S	gree to act nplete perfo	in this ormance
Registered Agent's Signature (REQUIRED)		
•		

Page 1 of 2

(CONTINUED)

<u>Citle:</u>	Name and Address:
AMBR" = Authorized Member AGR" = Manager	
M (2 12	Tuker Cole, hadors
	(03 Anno Dr Crowfordville
	FL 32327
I	•
Ise attachment if necessary)	
tive date is listed, the date must l	date of filing: (OPTIONAL) De specific and cannot be more than five business days prior to or 90
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VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation)	a member or an authorized representative of a-member, on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member, on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.8 N.155, F.S.)
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