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(1	Requestor's Name)	
(,	Address)	· · · · · · · · · · · · · · · · · · ·
(,	Address)	
(6	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(1	Business Entity Name)	
(1	Document Number)	
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15 APR 28 AH ID: 34

SECRETARY OF STATE TALLAHASSEE, FLORD

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2015 APR 28 AM 10: 52

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: <u>Tim & Tammy Page Enterprise L</u> Name of Li	LC mited Liability Company
The en	closed Articles of Organization and fee(s) a	are submitted for filing.
Please	return all correspondence concerning this n	natter to the following:
	Tim M. & Tammy Page c/o Gary L	Name of Person
	Tim & Tammy Page Enterprise, LL	Firm/Company
	1405 Kinglsey Ave.	Address
	Orange Park, Florida 32073	City/State and Zip Code
_p;	agetim@bellsouth.net E-mail address: (to be use	ed for future annual report notification)
For fur	ther information concerning this matter, ple	ease call:
Tamn	Name of Person	.912) 253-9532 Area Code Daytime Telephone Number
	ed is a check for the following amount:	_
□ \$125 .0	00 Filing Fee	☐\$155.00 Filing Fee & ☐\$160.00 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabasses FT 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: Tim & Tammy Page Enterprises, LLC		
(Must end with the words "Limited L	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:	
6320 St. augustine Rd. Suite 46 Jacksonville, FL 32217	7	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a Sary L. Luke Name 1405 Kinglsey Ave. Florida street address (P.O. Box)	Registered Agent. You must designate an individual or) agent are: APR 28	ナートロレ
	<u></u>	
Orange Park City	FL 32073 Sin 52	
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 controls.	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in er 605, F.S.	

(CONTINUED)

Page 1 of 2

"MGR" = Manager AMBR Tim M. Page 6320 St. Augustine Rd. Suite 4B Jacksonville, FL 32217 AMBR Iammy Page	"ANÆ	R" = Authorized	Member	Name and Address:
AMBR Tim M. Page 6320 St. Augustine Rd. Suite 4B Jacksonville. FL 32217 AMBR Tammy Page 6320 St. Augustine Rd. Suite 4B Jacksonville. FL 33217 (Use attachment if necessary) LEV: Effective date, if other than the date of filing: (OPTIONAL) ffective date is listed, the date must be specific and cannot be more than five business days prior to or 9 or filing.) LEVI: Other provisions, if any. REQUIRED SIGNATURE: REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605 0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics of penjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State			Member	
AMBR Tammy Page				Tim M. Page
AMBR Jacksonville, FL, 32217 Jammy Page			•	
AMBR Tammy Page				
(Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (In accordance with section 605 0.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State				
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	<u>AMBI</u>	3		Jammy Page
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:			6320 St. Augustine Rd. Suite 4B	
CLE V: Effective date, if other than the date of filing:				Jacksonville, FL 3aa17
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ARTICLE IV-

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees:

Typed or printed name of signee

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SECRETARY OF STATE
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