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| (Re                                     | equestor's Name)  | )            |  |  |
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| (Ac                                     | ldress)           |              |  |  |
| (Cit                                    | ty/State/Zip/Phon | ne #)        |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL         |  |  |
| (Bu                                     | usiness Entity Na | me)          |  |  |
| (Document Number)                       |                   |              |  |  |
| Certified Copies                        | _ Certificate     | es of Status |  |  |
| Special Instructions to Filing Officer: |                   |              |  |  |
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Office Use Only



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SECRETARY OF STATE

# **COVER LETTER**

| TO: Registration Section Division of Corporations   |  |  |  |  |  |
|---|--|--|--|--|--|
| SUBJECT: LOSSE Ridge Bealty, UC. Name of Limited Liability Company  |  |  |  |  |  |
| The enclosed Articles of Organization and fee(s) are submitted for filing.  |  |  |  |  |  |
| Please return all correspondence concerning this matter to the following:   |  |  |  |  |  |
| Tonya J. Tyson Name of Person   |  |  |  |  |  |
| Lake Riche Reatty, UC.  |  |  |  |  |  |
| 4232 SW 16 <sup>45</sup> Street   |  |  |  |  |  |
| Okachobay Fl 34974  City/State and Zip Code   |  |  |  |  |  |
| la Heridge realty a grail. cem  Eshail address: (to be used for future annual report notification)  |  |  |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |  |  |
| Tonce 5. Tyson at (863) 634-057   Name of Person Area Code Daytime Telephone Number   |  |  |  |  |  |
| Enclosed is a check for the following amount:   |  |  |  |  |  |
| \$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  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 Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| A | R <sub>1</sub> | IC | LE | 1. | - N | ame: |
|---|----------------|----|----|----|-----|------|
|---|----------------|----|----|----|-----|------|

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "Ind.C.," or "LLC.")

# **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Basw 162 street.

Unasa Sw 16th Street

# 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 individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Name

Florida street address (P.O. Roy NOT acceptable)

Okeochobea FL 34974

State

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

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| ,       |     |
|---------|-----|
| ARTICLE | IV- |
|         |     |
|         |     |

The name and address of each person authorized to manage and control the Limited Liability Company:

| Title: "AMBR" = Authorized Member   | Name and Address:   |
|---|---|
| "MGR" = Manager   | Tonua J. Tyson<br>4232 SW 16 5 St.<br>Oxerchoped R 34974                      |
| <del></del>   |   |
|   |   |
|   |   |
| (Use attachment if necessary)  ARTICLE V: Effective date, if other than the date of filing: _ (If an effective date is listed, the date must be specific and the date of filing.) | . (OPTIONAL) cannot be more than five business days prior to or 90 days after |
| ARTICLE VI: Other provisions, if any.   |   |
| REQUIRED SIGNATURE:   |   |
| Signature of a member or a  | in authorized representative of a member                                      |

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 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 constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or pristed hame of signee

Filing Fees:

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

\$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE
TAIL A MASSEE FLORING

RECEIVED