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(Re	equestor's Name)	
. (Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

NAME

RONNIE MCCULLOUGH JR.

ADDRESS

6403 N 45TH ST. TAMPA, FL 33610

DAYTIME PHONE NUMBER

813-956-6817

COVER LETTER

.

10:	Division of Corporations
CHDIE	G3 Diversion
SUBJE	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Ronnie McCullough Jr.
	Name of Person
	G3 Diversion
	Firm/Company
	6403 N 45th St
	Address
	Tampa, FI 33610
	City/State and Zip Code g3diversion@gmail.com
	E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
	Ronnie McCullough Jr. 813 956-6817
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
] \$125.00	Filing Fee \$\ \times \text{\$130.00 Filing Fee & Certificate of Status} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \text{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \ \ \text{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \ \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	ed Liability Company with the words "Limited Li	ahility Company	"I I C "or "II C")	
(141ust Cita	will the words Littlice Li	active Company	E.L.C., Of DDC. J	
TICLE II - Address: mailing address and street a	iddress of the principal offic	e of the Limited	Liability Company is:	
Princip	al Office Address:		Mailing Address:	
6403 N 45th St		6403	N 45th St	
m : Et 00(10			pa, Fl 33610	
e Limited Liability Company	cannot serve as its own Re	Registered Agen		to t
TICLE III - Registered Ag e Limited Liability Company ther business entity with an	cannot serve as its own Re active Florida registration.) address of the registered ag	Registered Agen gistered Agent. \	t's Signature:	al or A
TICLE III - Registered Ag the Limited Liability Company other business entity with an	cannot serve as its own Re active Florida registration.) address of the registered ag Ronnie McCullough Jr.	Registered Agen gistered Agent. \	t's Signature:	to t
TICLE III - Registered Ag the Limited Liability Company ther business entity with an	cannot serve as its own Re active Florida registration.) address of the registered ag Ronnie McCullough Jr.	Registered Agen gistered Agent. Y ent are:	t's Signature:	to t
TICLE III - Registered Ag the Limited Liability Company other business entity with an	cannot serve as its own Re active Florida registration.) address of the registered ag Ronnie McCullough Jr.	Registered Agent Sgistered Agent. Nent are:	t's Signature: 'ou must designate an individu	ESSEE TONE
RTICLE III - Registered Ag	cannot serve as its own Reactive Florida registration.) address of the registered ag Ronnie McCullough Jr. N 6403 N 45th St	Registered Agent Sgistered Agent. Nent are:	t's Signature: 'ou must designate an individu	PART TOTAL

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)

Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized Member		•
"MGR" = Manager		
AMBR	Ronnie McCullough Jr.	
	6403 N 45th St	, řý
·	Tampa, Fl 33610	
•		<u> </u>
MGR	Trina Huntley Pierce	:
	1031 Meadow Oaks Drive	
	Hartsville, SC 29550	
		<u> </u>
AMBR	Ronnie McCullough Sr.	150 f
	1614 E 15th Ave	
	Tampa, Fl 33605	
	te of filling: July 21, 2015 . (O	
LE V: Effective date, if other than the date fective date is listed, the date must be sof filing.) If the date inserted in this block does not ment's effective date on the Department.	specific and cannot be more than five business da meet the applicable statutory filing requirements,	ys prior to or 90
LE V: Effective date, if other than the da fective date is listed, the date must be s of filing.)	specific and cannot be more than five business da meet the applicable statutory filing requirements,	ys prior to or 90
LE V: Effective date, if other than the date fective date is listed, the date must be sof filing.) If the date inserted in this block does not iment's effective date on the Department.	specific and cannot be more than five business da meet the applicable statutory filing requirements,	ys prior to or 90
LE V: Effective date, if other than the datective date is listed, the date must be sof filing.) If the date inserted in this block does not ment's effective date on the Department. LE VI: Other provisions, if any.	specific and cannot be more than five business da meet the applicable statutory filing requirements,	ys prior to or 90
LE V: Effective date, if other than the date fective date is listed, the date must be sof filing.) If the date inserted in this block does not ment's effective date on the Department.	specific and cannot be more than five business da meet the applicable statutory filing requirements,	ys prior to or 90
EV: Effective date, if other than the date fective date is listed, the date must be so of filing.) If the date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of affective date on the Department is exectly an aware that any fall.	specific and cannot be more than five business da meet the applicable statutory filing requirements,	this date will not be also and the date will not be a support of the date wi

as

ARTICLE IV-

Page 2 of 2

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)