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Office Use Only



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DECEMBER 1: 21



9/21/15

COVER LETTER

TO: Registration Section Division of Corporations  MC Laughlin-Gregory Enterpris	es 110
SUBJECT:Name of Limited Liability Company	O <sub>t</sub> o
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Leanne Gregory Name of Person	
Firm/Company	
1961 Charlais Street	
Tallahassee, H. 30317 City/State and Zip Code	ភ
E-mail address: (to be used for future annual report notification)	9 3 3 3 1 N
For further information concerning this matter, please call:	골 등
at ()	 
Name of Person Area Code Daytime Telephone Number	• -
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)	
Mailing Address Street Address	

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

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



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

15 SEP 21 PM 1: 32

PARTY STATE

**ARTICLE II - Address:** 

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

191	<i>.</i> l	Charlais St.
Tal	n	hassee # 32817

**Principal Office Address:** 

CharlasStreet

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:

eanne Gregory

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

Tallahassee te

tate

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



	person authorized to manage and control the Limited Liability	Company:
<u>Title:</u> "AMBR" = Authorized Membe	Name and Address:	TATANGE STATE
"MGR" = Manager. AMBR	Llanne Gregory 1961 Charlaigst Tallahassee 76 3231	 1
AMBR	Thomas Gregory Jr 1961 Charlais St. Tallahassee 71. 32	317-
<del></del>		
(Use attachment if necessary)		
(If an effective date is listed, the date m the date of filing.)	nust be specific and cannot be more than five business days does not meet the applicable statutory filing requirements, this epartment of State's records.	prior to or 90 days after
ARTICLE VI: Other provisions, if any.	`	
REOUIRED SIGNATURE:  Signatur  This documen	re of a member or an authorized representative of a member is executed in accordance with section 605.0203 (1) (b), Flo	ber. orida Statutes.
I am aware tha	at any false information submitted in a document to the Departing degree felony as provided for in s.817.155, F.S.	
Le	Typed or printed name of lignee	
	Filing Rees:	

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