Division of Corporations

1/19/2016

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

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Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail	Address:			

FLORIDA LIMITED LIABILITY CO. ECPRS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

SERVICE STATES

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:	Registration Division of C	Section Corporations			
SURJI	CT: <u>ECPRS</u>	e i i c			
2020	Sect. Exite		nited Liability Com	pany	
		of Organization and fee(s) ar		_	
	Chevenn	e Moseley			
			Name of Person		
	<u>LegalZoo</u>	om.com. Inc.	Firm/Company	- · · · -	
	100 W B	roadway, Suite 100	Address	4 4 11	
	Glendale.	. CA 91210			
			ity/State and Zip C	ode	
	llinefilings@le	galzoom.com E-mail address: (to be used concerning this matter, plea		report notifica	tion)
Cheye	nne Moselev Nam	at (_2 e of Person	323) 962- Area Code	8600 ext 762 Daytime Tel	25 ephone Number
Enclose	ed is a check for	r the following amount:			
\$ 125.0	0 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	✓\$155.00 Filing Certified Copy (additional copy	,	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassoe, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LEVITTED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
ECPRS, LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal offi		
Principal Office Address;	Mailing Address:	
1921 Tinddie dr Panama City, FL 32401		
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another husiness entity with an active Florida registration.	egistered Agent. You must designate an individual)	or
The name and the Florida street address of the registered a <u>United States Corporation Ager</u> Name	_	
13302 Winding Oaks Court, Su Florida street address (P.O. Box M.		
<u>Tampa</u> City	FL 33612-3425 Zip	
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter	ice of process for the above stated limited liability of the appointment as registered agent and agree to act all statutes relating to the proper and complete perf	t in this formance
(·	Tomography
Registered Agent's Signatur	re (REQUIRED)	
•	eley, United States Corporation Agents, Inc.	414 F78489
(CONTINUE) Page 1 of 2	ing mi	
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TO STATE OF STATE OF

13.

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Mark Cowart
	1921 Tinddle Dr.
	Panama City, FL 32401
MGR	Fred Myers
	1921 Tinddle Dr. Panama City, FL 32401
	Panama City, FL 32401
MGR	Jamle Wilkinson
	1921 Tinddle Dr.
	Panama City. FL 32401
MGR	Hunter Ray
	1921 Tinddle Dr.
	Panama City, FL 32401
	LINEBO SHV. LE VATV
(Use attachment if necessary)	
CLE V: Effective date, if other than the	e date of filing: (OPTIONAL)
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CLE V: Effective date, if other than the effective date is listed, the date must ate of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with sectionstitutes an affirmation I am aware that any false	e date of filing:
CLE V: Effective date, if other than the effective date is listed, the date must ate of filing.) CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of (In accordance with sectic constitutes an affirmation I am aware that any false constitutes a third degree	e date of filing:

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) Tracking# H16000015100 3

Attachment to

Articles of Organization for ECPRS, LLC

Additional managers of the Limited Liability Company are:

Name of Managers

Address

Hallic J. Burnett

1921 Tinddle Dr., Panama City, FL 32401

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Attachment to

Articles of Organization for

ECPRS, LLC

Additional members of the Limited Liability Company are:

Name of Member

<u>Address</u>

Melinda Cowart

1921 Tinddle Dr., Panama City, FL 32401

Jami Ray

1921 Tinddle Dr., Panama City, FL 32401

Laura Myers

1921 Tinddle Dr., Panama City, FL 32401