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5 JAN 21 PH 2: 2

16 JAN 21

JAN 21 PM 2: 2



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Playce Logging LLC 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:
Mathan Lee Pearce
Pearce Logging Virm/Company
9335 NW 148 TH Tr1.
Lake Butler fla 32054 City/State and Zip Code Lgooberstring a Gol. Com E-mail address: (to be used for luture annual report notification)
For further information concerning this matter, please call:
Northan Playce at (386) 365-1817 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address

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

Street Address

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



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

16 JAN 21 PH 2: 24

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

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:

NOT acceptable)

City

State

Having been named as registered agent and to accept service of process for the above state. I wited liability company at the place an agreeted in this certificate. Thereby accept the appointment as registered agent and a rose to act in this capacity. I further agree to complete performance of my duties, and Iam familiar with and recept the obligations of my position as registered agent as provided for in Charles 2015, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



	ARTICLE IV- The name and address of each person authorized	to manage and control the Limited Liability Company: PF 2: 2	24
	Title: "AMBR" = Authorized Member	Name and Address: SECHE RORID	E XX
	"MGR" = Manager A m B R	Nother Pource	
	Ambr	Lillian LKilgore	
ż.	Ambr	Christen L Pearce	
		Tr Lule Butler + 1.32057	
(If an ef the date Note: I the docu	of filing.)	applicable statutory filing requirements, this date will not be liste	
	REQUIRED SIGNATURE:	- Killon Liller	
	This document is executed in ac I am aware that any false information	cordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.	
	Typed	d or printed name of signee	
	\$125.00 Filing Fee for Articles of Organizati \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	Filing Fees: ion and Designation of Registered Agent	

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