1/6000032526

(Rec	uestor's Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	TIAW	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
		

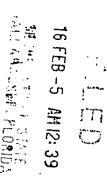
Office Use Only



300281507923

02/05/16--01020--035 **155.00

FEB 1 .7 2016 S. GILBERT



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
are the area of the same of th	16 FEB -5 AH 12: 39
Cumbie VEWELERS,	LLC GROWER AND
(Must end with the words "Limited Liability Cor	<u> </u>
(,	
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Li	mited Liability Company is:
Principal Office Address:	Mailing Address:
, /	
101 Courthouse Square	Same
INVERNESS, FL. 34450	
ARTICLE III - Registered Agent, Registered Office, & Registered	Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered A	gent. 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:	
KAREN LYNN GO	inbic
Name	•
KABEN LYNN GU Name 6730 S. Merleine	G / 202
Florida street address (P.O. Box	OT accentable)
FTORAL City, FL City State	34436
City State	Zip
Umilion home and a manifest and an and and the control of the	C
Having been named as registèred agent and to accept service of process j place designated in this certificate, I hereby accept the appointment as re	or the above stated limited trability company at the
further agree to comply with the provisions of all statutes relating to the p	
am familiar with and accept the obligations of my position as registered o	agent as provided for in Chapter 605, F.S
/ /	
+100 × 100	lua lua
Karen Linn)	Signature (REQUIRED)
Regional Agent &	Separate (100 Activity)
-	
(CONTINU	JED)

Page 1 of 2

_	ed to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager AMGR	Name and Address: KATEN LYNN CUMLIE
AMBR	Bernie M. Cumbie III
•	17.30 S. Merleing Loop 1-local City, FL 34436
(Use attachment if necessary)	
the date of filing.)	and cannot be more than five business days prior to or 90 days after e applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
This document is executed in a I am aware that any false inform	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.
KAREN L	y as provided for in \$.817.135, F.S. YMM CurbiF ed or printed name 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)