## U6000011460

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(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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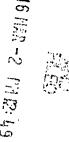
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## COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	Name of Limited Liability Company ), LLC	
The end	nclosed Articles of Organization and fee(s) are submitted for filing.	
Please i	e return all correspondence concerning this matter to the following:	
	Shay Roberts Name of Person	
	Firm/Company	
	46 Timmons Rd	———
	Cranforduille, FC 32327 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	<del></del>
For furth	ther information concerning this matter, please call:	
	Name of Ferson Area Code Daytime Telephone Number	,
Enclos	osed is a check for the following amount:	
\$125.0	Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)	Status &
	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 WASILITY COMPANY

(Must end with the words "Limited Liability Company

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

ARTICLE 1 - Name;

ARTICLE II - Address:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
46 Timmon Rd	
Confordville, KC 32327	
ARTICLE III - Registered Agent, Registered Office, & Registered A (The Limited Liability Company cannot serve as its own Registered Ager another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	4
Name  Vo Times of Ro	1
Florida street address (P.O. Box NO	I acceptable)
City State	Zip
Having been named as registered agant and to accept service of process for	the above stated limic a 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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

	Title:		Name and Address:
	"AMBR" = Authorized "MGR" = Manager	d Member	
	MGP - Wanager	<del>-</del>	Shay Root
	,		Crawfindry C 32327
			C14004110-110-1
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	(Use attachment if nec		
an ef date <u>te:</u> [	EV: Effective date, if fective date is listed, the of filing.) If the date inserted in this	other than the date of filin e date must be specific a	ng: (OPTIONAL)  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 e's records.
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in ef date te: I docu	LE V: Effective date, iffective date is listed, the of filing.) If the date inserted in this iment's effective date of the dat	other than the date of filing date must be specific and as block does not meet the nation the Department of State, if any.  FURE:  Signature of a member document is executed in a lower that any false information.	e applicable statutory filing requirements, this date will not be listed e's records.  or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes,

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)