# L160000104597

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bı	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		,



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16 May 27 Fg 1: 57



## COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	Everhart Family Trust, LLC			
SUBJEC		imited Liabil	ity Company	<del></del>
The encl	osed Articles of Organization and fee(s)	are submitted	for filing.	
Please re	turn all correspondence concerning this	matter to the f	following:	
	George Everhart			
		Name of	Person	<del> </del>
		Firm/Co	mpany	
	565 173rd Avenue E.			
		Addr	ress	
	N Redington Beach, Florida 33708			
	gee2378@yahoo.com	City/State an	d Zip Code	
		ed for future a	annual report notification)	
or further	information concerning this matter, plea	ase call:		
	George Everhart	941	941-792-0950	
		Area Code	Daytime Telephone Numb	er
Enclosed	is a check for the following amount:			
<b>\$</b> 125.00	Filing Fee \$\&\text{Certificate of Status}	Certifi	ed Copy Cer al copy is enclosed) Cer	0.00 Filing Fee, tificate of Status & tified Copy ional 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	FILED  16 NAY 27 PH 1: 5



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 11, 2016

GEORGE EVERHART 565 173RD AVENUE E N REDINGTON BEACH, FL 33708

SUBJECT: RVERHART FAMILY TRUST, LLC

Ref. Number: W16000034416

We have received your document for RVERHART FAMILY TRUST, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 216A00009945

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:			FILED
Everhart Family Trus	+ II.C			16 批7 27 開 1:57
	with the words "Limited L	iahility Company '	"LLC "or "LLC")	
(272000 0000	vidi die votes billings b	atomity Company,	D.D.O., Of DDO.	SE BETART OF STATE TALLABASEE, FEORIDA
ARTICLE II - Address: The mailing address and street ad	dress of the principal offi	ce of the Limited L	iability Company is:	.,
<u>Princips</u>	al Office Address:		Mailing Add	<u>lress</u> :
565 173rd Avenue E		565 17	3rd Avenue E	
N Redington Beach, I	L 33708		ington Beach, FL 337	08
The name and the Florida street a	George Everhart	Vame		
	565 173rd Avenue, E			
	Florida street address (	P.O. Box NOT acc	eptable)	
	N Redington Beach	Flordia	33708	
	City	State	Zip	
Having been named as registered a place designated in this certificate, urther agree to comply with the pro um familiar with and accept the obl	I hereby accept the appoint ovisions of all statutes relating attentions of my position as	itment as registered ting to the proper a	agent and agree to ac nd complete performa provided for in Chapt	t in this capacity. I nce of my duties, and I

(CONTINUED)

Page 1 of 2

#### **ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Me	Name and Address:
	mber
"MGR" = Manager MGR	George Everhart
NOR	565 173rd Avenue E
	N Redington Beach, FL 33708
AMBR	Kimberly Everhart
	565 173rd Avenue E
	N Redington Beach, FL 33708
AMBR	Blake Everhart
111111111111111111111111111111111111111	6864 114th Street N
	Seminole, FL 37772
AMBR	Marissa Everhart
	565 173rd Avrnue E
	N Redington, FL 33708
(Use attachment if necessar	v)
(4.44.20.20.00.00.00.00.00.00.00.00.00.00.00.	,,
the document's effective date on the ARTICLE VI: Other provisions, if an None	•
None	
	01
REQUIRED SIGNATURE  Signs  This docum	ture of a member of an authorized representative of a member.
Signs This docum I am aware	George Everhort
Signs This docum I am aware constitutes	ture of a member of an authorized representative of a member.  ment is executed in accordance with section 605.0203 (1) (b), Florida Statutes, that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S.  The executed in a section of the degree felony as provided for in s.817.155, F.S.
Signs This docum I am aware constitutes	iture of a member of an authorized representative of a member.  ment is executed in accordance with section 605.0203 (1) (b), Florida Statutes, that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S.
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Sign's This document of the state of the sta	ture of a member of an authorized representative of a member.  In the second of the se
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