## L1600011535

(Requestor's Name)	-
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Document Number)	-
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:	1

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JUN 0 9 2018

T. SCOTT



100286645391



06/09/16--01020--002 \*\*125.00

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Rhenda's Cheaning 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:
Rhanda Jones Name of Person
Rhanda's denning
120 Barbet Rd. Address
1 Crawforduille 31, 32327 City/State and Zip Code
Chondapea Tioganail Com  -mail address: (to be used for future annual report notification)
lo. Jurtier information concerning this matter, please call:
Phonda Jones at (850) 688-5689  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certified Copy (certified Copy (additional copy is enclosed)
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 LIABILITY COMPANY

(Must end with the words "Limited Liability Com	zinc LLC.
(Must end with the words "Limited Liability Com	ppany, "LDC.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Lin	nited 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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Phonda 3 Jones
Name

120 Parber RJ.

Florida street address (P.O. Box NOT acceptable)

City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. Thereby 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 applete performance of my duties, and I am familiar with and accept the obligations of my position as registered regent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" ≈ Authorized Member	Name and Address:
"MGR" = Manager  UMn 21	Rhonda Jones 120 Barbar Pd. Crawfordville: 71 3232
(Use attachment if necessary)	
LEV: Effective date, if other than the deffective date is listed, the date must be a of filing.)	ate of filing: 6-9-16 (OPTIONAL) specific and cannot be more than five business days prior to or 90
CLE V: Effective date, if other than the deffective date is fisted, the date must be e of filing.) If the date inserted in this block does not be unent's effective date on the Department.	specific and cannot be more than five business days prior to or 90 t meet 'the applicable statutory filing requirements, this date will not
CLE V: Effective date, if other than the defective date is listed, the date must be set of filing.)  If the date inserted in this block does not coment's effective date on the Department of th	specific and cannot be more than five business days prior to or 90 t meet 'the applicable statutory filing requirements, this date will not
CLE V: Effective date, if other than the deffective date is fisted, the date must be e of filing.) If the date inserted in this block does no cument's effective date on the Department of the D	specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will not of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be ste of filing.)  If the date inserted in this block does no ecument's effective date on the Department CLE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will not of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be stee of filing.)  If the date inserted in this block does no coment's effective date on the Department of the Department	specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will not of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be stee of filing.)  If the date inserted in this block does no coment's effective date on the Department of the Department	t meet the applicable statutory filing requirements, this date will not of State's records.  Interest of an authorized representative of a member.  Cuted in accordance with section 605.0203 (1) (b), Florida Statutes.  Itself information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.