## L/6000//549

(Re	equestor's Name)	)
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

	Registration Section Division of Corporations	
SUBJEC	Misspriss Enterprises V LLC.	
SCEGEC	Name of	Limited Liability Company
The encle	osed Articles of Organization and fee(s)	are submitted for filing.
Please re	turn all correspondence concerning this	matter to the following:
	Brent Edwards	
		Name of Person
	Misspriss Enterprises V LLC	
	<del> </del>	Firm/Company
	395 Poinsettia Ct.	
		Address
	Atlantic Beach FL. 32233	
	1.1.40	City/State and Zip Code
	bedward1@msn.com	10.0
	E-mail address: (to be us	sed for future annual report notification)
For further	information concerning this matter, ple	ease call:
	Brent Edwards	904 382-5494
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose
	Mailing Address New Filing Section	Street Address New Filing Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:		
Misspriss Enterprises	V LLC		
(Must end w	ith the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	dress of the principal o	ffice of the Limited	Liability Company is:
<u>Principal</u>	Office Address:		Mailing Address:
Misspriss Enterprises	V LLC	Miss	priss Enterprises V
395 Poinsettia Ct.			Poinsettia Ct.
Atlantic Beach Fl. 322	233	Atlar	tic Beach FL. 32233
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac The name and the Florida street ac	annot serve as its own tive Florida registratio	Registered Agent. Yn.)	t's Signature: 'ou must designate an individual or
	Brent Edwards		
		Name	
	395 Poinsettia Ct.		
	Florida street addres	s (P.O. Box <u>NOT</u> ac	ceptable)
	Atlantic Beach	Florida	32233
	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. 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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

REOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statut I am aware that any false information submitted in a document to the Department of Statut I are statut degree felony as provided for in s.817.155, F.S.  Brent Edwards  Typed or printed name of signee	Brent Edwards  395 Poinsettia Ct. Atlantic Beach FL. 32233  BR  Sandi Edwards 395 Poinsettia Ct. Atlantic Beach FL. 32233  Brent Edwards 395 Poinsettia Ct. Atlantic Beach FL. 32233  attachment if necessary)  Effective date, if other than the date of filing:  (OPTIONAL)  (OPTIONAL)	<u> Citle:</u>	Name and Address:	
AMBR  Sandi Edwards  395 Poinsettia Ct.  Atlantic Beach FL. 32233  AMBR  Sandi Edwards  395 Poinsettia Ct.  Atlantic Beach FL. 32233   LUse attachment if necessary)  EV: Effective date, if other than the date of filing:  Livie date is listed, the date must be specific and cannot be more than five business days prior to or filing.)  The date inserted in this block does not meet the applicable statutory filing requirements, this date will tent's effective date on the Department of State's records.  EVI: Other provisions, if any.  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statut I am aware that any false information submitted in a document to the Department of Statut I am aware that any false information submitted in a document to the Department of Statut I am aware that any false information submitted in a document to the Department of Statut I am aware that any false information submitted in a focument to the Department of Statut I am aware that any false information submitted in a focument to the Department of Statut I am aware that any false information submitted in a focument to the Department of Statut I am aware that any false information submitted in a focument is the Department of Statut I am aware that any false information submitted in a focument is the Department of Statut I am aware that any false information submitted in a focument to the Department of Statut I am aware that any false information submitted in a focument is the Department of Statut I am aware that any false information submitted in a focument is the Department of Statut I am aware that any false information submitted in a focument is the Department of Statut I am aware that any false information submitted in a focument is the Department of Statut I am aware that any false information submitted in a focument is the Department of Statut I am aware that any false information and the Department I am aware that any false information and	Brent Edwards 395 Poinsettia Ct. Atlantic Beach FL. 32233  BR  Sandi Edwards 395 Poinsettia Ct. Atlantic Beach FL. 32233  BR  attachment if necessary)  Effective date, if other than the date of filing:			
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