## 116000124935

(Re	questor's Name)	
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(Do	ocument Number)	
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## COVER LETTER

	Registration Section Division of Corporations	
SUBJECT	The Errands Pro	
SUBJEC		ne of Limited Liability Company
The enclose	sed Articles of Organization and	fee(s) are submitted for filing.
Please reti	urn all correspondence concerning	g this matter to the following:
,	Troy Fowler	
		Name of Person
	The Errands Pro	
		Firm/Company
	105 Rose Island Way #1101	
		Address
	Ponte Vedra Beach Florida 320	982
	troy428@gmail.com	City/State and Zip Code
		be used for future annual report notification)
For further i	information concerning this matte	-
	Troy Fowler	904 629-1420 at ( )
	Name of Person	Area Code Daytime Telephone Number
Enclosed i	is a check for the following amou	nt:
\$125.00 F	_	Fee & \$155.00 Filing Fee & \$160.00 Filing Fee,
	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

The Errands Pro LLO	C			
(Must end	with the words "Limited I	iability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	nddress of the principal off	ice of the Limited I	iability Company is:	
Princip	oal Office Address:	Mailing Address:		
105 Rose Island Way	y # 1101		ose Island Way #1101	
Ponte Vedra Beach			Ponte Vedra Beach	
Florida 32082		<u>Florid</u>	a 32082	
The name and the Florida street	address of the registered a	gent are:		
The name and the Florida street	Troy Fowler  105 Rose Island Way #	Name 1101		
The name and the Florida street	Troy Fowler  105 Rose Island Way # Florida street address (	Name 1101 P.O. Box <u>NOT</u> acc	•	
The name and the Florida street	Troy Fowler  105 Rose Island Way # Florida street address ( Ponte Vedra Beach	Name 1101 P.O. Box <u>NOT</u> acc Florida	32082	
The name and the Florida street	Troy Fowler  105 Rose Island Way # Florida street address (	Name 1101 P.O. Box <u>NOT</u> acc	•	

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	108 B 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Troy Fowler MGR	105 Rose Island Way #1101
	Ponte Vedra Beach Florida 32082
	P101108 32082
David Camacho MGR	105 Rose Island Way # 1101
	Ponte Vedra Beach
<i>;</i>	Florida 32082
	ALANDA OF THE STATE OF THE STAT
(Use attachment if necessary)	
•	
LEV: Effective date, if other than the date of fi	iling: (OPTIONAL)
	c and cannot be more than five business days prior to or 90 days
e of filing.)	
	the applicable statutory filing requirements, this date will not be li
ument's effective date on the Department of St	
cument's effective date on the Department of Si	iale s records.
cument's effective date on the Department of Since VI: Other provisions, if any.	tate 8 records.
cument's effective date on the Department of Si	tate's records.
cument's effective date on the Department of Si	tate's records.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**Troy Fowler** Typed 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)

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