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DEPARTMENT OF STATE



## COVER LETTER

то:	Registration Section Division of Corporations		
SUBJE	ECT: Rick Fountain   Name of Limited Liability Co	エ' ' '	- ALC 115 -
The en	nclosed Articles of Organization and fee(s) are submitted for fi		<u>~</u>
Please	return all correspondence concerning this matter to the follow	ine.	
	Bick Fountain Name of Person	OP TO	100
	Bick Fountain LLC Firm/Compan	у	
	9169 LICKLE LAND Address		
	Tallahasser Fl. 32305 City/State and Zip	97:	
For furt!	mail access: (to be used for future annual her information concerning this matter, please call:	report notification)	
	at ( )		
		aytime Telephone Number	
Enclos	sed is a check for the following amount:	•	
□\$125.(   	00 Filing Fee \$130.00 Filing Fee \$155.00 Filing Fee Certificate of Status Certified Co (additional co)		
	New Filing Section New Division of Corporations Divi P.O. Box 6327 Clift Tallahassee, FL 32314 2661	et Address Filing Section sion of Corporations on Building Executive Center Circle ahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	Α	RT	ICL	ÆΙ	- N	iame	::
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The name of the Limited Liability Company is:

Rick Fountain LC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

City

9169 LINGII Jallahors ca 3	Land	Mailing 19149 LOGOL Tallabouses 3	Address: LANC	
ARTICLE III - Registered Ager The Limited Liability Company of another business entity with an act The name and the Florida street are	cannot serve as its own Register ctive Florida registration.)  ddress of the registered agent a  Rick Fountain Name	red Agent. You must designate re:	an individual or TALLAHASSEE, FLORIE	ZUIGAUG TO MITTE
·	Florida street address (P.O. I	32305	·•	

Having best, 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 this 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.

State

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Zip

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager NG-R	Rich Exemply
(40)	9/19 (000 JAN)
	Tallahore = 32305 = = 2
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•	m.
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	**************************************
(Use attachment if necessary)  LE V: Effective date, if other than the fective date is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 d
LE V: Effective date, if other than the fective date is listed, the date must b of filing.)	e specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not be
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