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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	1
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Certified Copies	Certificates of	f Status
Special Instructions to	Filing Officer:	

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COVER LETTER

то:	Registration Section Division of Corporations			
SUBJE	CCT: Tim Griffin's Cu Name of Limited L	tz & More LLC iability Company	<u>-</u>	
The end	closed Articles of Organization and fee(s) are subm	itted for filing.		
Please r	return all correspondence concerning this matter to	the following:		
	Tim Griffin	1		
	Nam	ne of Person		
	Tim Griffin's C	utz & More	LLC	
	8344 Wire Ro	ad		
		Address		
	Zephyrhills, Fr	2 33540 te and Zip Code		
		nove ogman. Co	16 SEP	SECS
For furth	er information concerning this matter, please call:		1 0 0	
	Tim Griffin at 813	997-3023	=======================================	필위법
	Name of Person Area Co	de Daytime Telephone Number	ુ સઃ 59	STATE
Enclose	ed is a check for the following amount:		-	>
\$125.0	Certificate of Status	ertified Copy Certific itional copy is enclosed) Certifie	Filing Fee, cate of Status & Copy al copy is enclosed)	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division of Corporations Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

Principal Office Address:

ARTICLE 1 - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

8344 Wire Road 8344 Wire Road Zephyrhills, FL 33540
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:
Tim Griffin
Name
8344 Wire Road
Florida street address (P.O. Box NOT acceptable)
Zephyrhills FL 33540
City State Zip
Having been named us 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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Mailing Address:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager M6R	Tim Griffin
	Zephyrhills, Fl 33540
AMBR	Karen Griffin
	Zephyrhills FL 33540
·	
(Use attachment if necessary)	
f filing.) the date inserted in this block does not monent's effective date on the Department o	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or eet the applicable statutory filing requirements, this date will if State's records.
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ARTICLE IV-