L16000194633

(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:

Office Use Only

800291306818

10/24/16--01005--006 **130.00

16 OCT 24 PM 12:12

16 OCT 24 AM 11:40

C. GOLDEN

OCT 24 2016

COVER LETTER

16 OCT 24 PM 12: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: **Registration Section**
Division of Corporations

SUBJECT: Richardson Investment Company
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:

Lorenza Richardson
Name of Person

Richardson Investment Company
Firm/Company

4409 Westover Drive
Address

Tallahassee, FL 32303
City/State and Zip Code

Woelectric@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorenza Richardson at (850) 264-2961
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 & Certified Copy (additional copy is enclosed)	$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

16 OCT 24 PM 12:12

ARTICLE I - Name:
The name of the Limited Liability Company is:

Richardson Investment Company LLC
(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:

Principal Office Address:	**Mailing Address:**
4409 Westover Drive Tallahassee, FL 32303	4409 Westover Drive Tallahassee, FL 32303

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:

Lorenza Richardson
Name

4409 Westover Drive
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee, FL 32303
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..

Lorenza Richardson
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE AND FILED

08 OCT 24 PM 12:12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member "MGR" = Manager	**Name and Address:**
MGR	Lacenza Richardson 4409 Westerec Drive Tallahassee, FL 32303

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Lacenza Richardson

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Lacenza Richardson
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)