## L1000203864

equestor's Name)				
dress)				
dress)				
y/State/Zip/Phone	e #)			
☐ WAIT	MAIL			
siness Entity Nan	ne)			
(Document Number)				
_ Certificates	of Status			
Special Instructions to Filing Officer:				
	•			
	dress)  dress)  y/State/Zip/Phone  WAIT  siness Entity Nan  cument Number)  Certificates			

Office Use Only



400291940534

400291940534 11/08/16--01003--001 \*\*135.00



C. GOLDEN NOV - 7 2016 COVER LETTER

•		~~		
•	16 KDV	-7 PM	3:45 :	
	VALL AND		NO N	
	· · ·	•		
<u> </u>	· .		• • • •	
Road A	pt 14	27		
·. · · · · · · · · · · · · · · · · · ·	<del></del> .	. *		
om ation)				
- 1969 one Number				

TO:

Registration Section Division of Corporations

Genesis

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:

Maddox

Chepusis

Firm/Company-

maddox erial mail audress: (to be used for future annual report notifica

For further information concerning this matter, please call:

Name of Person

Area Code

Daytime Telepho

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

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 323 14

## Street Address

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICOLOGICALIONI OR PLONONI LIBERTI DE LOCALITA CONTRACTOR	17.11	5.
ARTICLE I - Name: The name of the Limited Liability Company is:	16 KOV -7	PH 3:43
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	CEU : TALL AND CEE	ORIDA
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		,
Principal Office Address: Mailing Address:		
2677 Old Bainbridge (samu)	•	•
Road Apt 1422 Tallahassee FC 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	lor	

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Selena Maddox

Name

2327 West 10th Street

Florida street address (P.O. Box NOT acceptable)

Jacksmville FL 32208

City State 7ip

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

	ARTICLE IV- The name and address of each person authorized to	to manage and control the Limited Liability Comp	any: 16 100 -7 PM 2. (
	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	TALL AND NOTES
	"MGR" = Manager	Erial Maddox	-ORIDA
	Manager	2677 Old Bainbridge Apt. 1427 Room Adge	Road Tallahussell 3230
•	•		<del></del>
			<del></del>
•			
			<del></del>
	(Use attachment if necessary)		<del></del>
(If an each the date Note:	LE V: Effective date, if other than the date of filing ffective date is listed, the date must be specific an e of filing.) If the date inserted in this block does not meet the nument's effective date on the Department of State.	and cannot be more than five business days prior applicable statutory filing requirements, this date	to or 90 days after
ARTIC	LE VI: Other provisions, if any.		
			<del></del>
	REQUIRED SIGNATURE:	Mul	
,	This document is executed in a	or an authorized representative of a member	
	constitutes a third degree felony	nation submitted in a document to the Department y as provided for in s.817.155, F.S.	of State
	<u>Erial</u>	ed 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)