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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

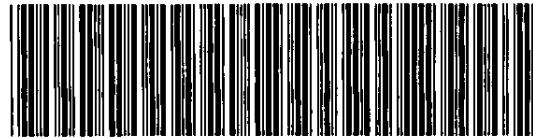
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FILING OFFICE  
TALLAHASSEE, FL 32309

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WARRICK GROUP FLORIDA LLC  
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:

OLGA BLANDFORD

Name of Person

WARRICK GROUP LLC

Firm/Company

1742 CENTRAL AVE

Address

SULLIVAN'S IS, SC 29482

City/State and Zip Code

OBLANDFORD@WARRICK11C.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Olga Blandford at ( 843 ) 708-1219  
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**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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

ARTICLE I - Name:

The name of the Limited Liability Company is:

WARRICK GROUP FLORIDA 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:

141 Brayton Lane  
Davenport, FL 33897

Mailing Address:

1742 Central Ave  
SULLIVAN'S IS, SC  
29482

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:

Thomas Eugene DeYoung Jr  
Name

141 Brayton Lane

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

Davenport FL 33897  
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..

Thomas Eugene DeYoung Jr  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF SUPERIOR COURT  
ALABAMA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMDR

AMDR

**Name and Address:**

Tom De Young  
141 BRAYTON Lane  
Davenport, FL 33897

WARRICK GROUP LLC / OLGA  
BLANDFORD  
1742 CENTRAL AVE  
SULLIVAN'S IS, SC 29982

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CLERK  
RECEIVED

(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:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

OLGA BLANDFORD

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)