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(	Requestor's Name)	_
(	Address)	<u> </u>
(	Address)	
	(City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(	Business Entity Name)	
	Document Number)	<del></del>
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TALLAHASSEF FISHE.

## **COVER LETTER**

TO: New Filing Section Division of Corporations	
·	
SUBJECT: Ed's	Labor of Limited Liability Company
Name	S Elimica Blaomity Company
The enclosed Articles of Organization and feet	(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to the following:
Eduxind	Higdon Name of Person
	P: 40
	Firm/Company
1018 5	Address Address
	City/State and Zip Code  Ligdon 98@ Vano Com  used for future annual report notification)
For further information concerning this matter, p	please call:
,	
Edward Higdon Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee S130.00 Filing Fee Certificate of Statu	
Mailing Address	Street Address
New Filing Section	New Filing Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	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:	
Fd's Labor L.L. (Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	f the Limited Liability Company is:
Principal Office Address:	Mailing Address:
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent	are:
Educard	Highon
1018 57th Ave	DE
Florida street address (P.O	Box NOT acceptable)
Bradenton 1	<u>1 34203</u>
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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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## ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager  Edward Higher  1019 57+h Ave Or E	
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date of filing:	
If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days afte 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 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.	
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)

S 5.00 Certificate of Status (Optional)

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