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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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17 JUL 17 AM 9: 43 SECRETARY OF STATE ALLAHASSEE, FLORID.

FILED

## **COVER LETTER**

	r Filing Section ision of Corporations	
SUBJECT:	FREDERICK H.	Sammons LLC. Limited Liability 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:
_	FREDERICK H	Samon S Name of Person
		Name of Person
~-		Firm/Company
	20450 Chapel -	Trace
	·	Address
_	ESTERO FL	33928
	F.SAMMONSIR@	
<del></del>	E-mail address: (to be us	sed for future annual report notification)
For further info	ormation concerning this matter, ple	ease call:
Í	Name of Person	Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:	
\$125.00 Filin	ng Fee S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	RICK H. SAMM			
(Must c	ontain the words "Limited Liab	ility Company, "L.	L.C.," or "LLC.")	
RTICLE II - Address:				
he mailing address and stree	et address of the principal office	of the Limited Lia	bility Company is:	
Prin	cipal Office Address:		Mailing Address:	
	hapel Trace		SAME	
ESTERO  ARTICLE III - Registered	33928 Agent, Registered Office, & R	egistered Agent's	Signature:	
ARTICLE III - Registered The Limited Liability Comp	Agent, Registered Office, & Reany cannot serve as its own Regan active Florida registration.)			al or . SE
ARTICLE III - Registered The Limited Liability Computation	Agent, Registered Office, & R any cannot serve as its own Reg	istered Agent. You		17 JUL SECRET
ARTICLE III - Registered The Limited Liability Computation	Agent, Registered Office, & Reany cannot serve as its own Regan active Florida registration.)  eet address of the registered age	istered Agent. You	i must designate an individua	17 JUL 17 SECRETARY
ARTICLE III - Registered The Limited Liability Computation	Agent, Registered Office, & Reany cannot serve as its own Regan active Florida registration.)  The DERICH	istered Agent. You	i must designate an individua	17 JUL 17 SECRETARY
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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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

AR	ΤΊ	C1	F	IV.

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

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not cument's effective date on the Department of State's records.  ILE VI: Other provisions, if any.  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.  FREDERICE SAMMONS  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)	Title:		Name and Address:
(Use attachment if necessary)  T.LE V: Effective date, if other than the date of filing:  T.LE V: Effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 co of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not exament's effective date on the Department of State's records.  T.LE 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.  FREDERIUM SAMMONS  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)	"AMBR" = Au	ithorized Member	
(Use attachment if necessary)  CLEV: Effective date, if other than the date of filing:  Extracor FL 33728  CLEV: Effective date, if other than the date of filing:  Avg 1 2017 (OPTIONAL)  ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 e of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ament is effective date on the Department of State's records.  CLEVI: Other provisions, if any.  REOURED SIGNATURE:  REOURED 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.  FARDELILE SAMMONS  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)			
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