L11000176542

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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SECRETARY OF STATE
FALL AHASSEE FLORIBA

COVER LETTER

10: New Filing Section Division of Corporations
SUBJECT: PINEAPPLE EXPRESS At The Fair 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:
Angie Baxley & Kevin Lamkin
Hneapple Express At the Fair
9014 Wiggins Rd. Front
City/State and Zip Code angiebaxleyemail@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Angle Baxley at 813 , 310-777 (813) 679-7707 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\text{S130,00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy}\$\$ (additional copy is enclosed) Certified Copy tadditional 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



July 31, 2017

ANGIE BAXLEY 9014 WIGGINS RD FRONT GIBSONTON, FL 33534

SUBJECT: PINEAPPLE EXPRESS AT THE FAIR, LLC

Ref. Number: W17000062529

We have received your document for PINEAPPLE EXPRESS AT THE FAIR, LEC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

List only (1) person can serv as the Registered Agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 017A00015410

Neysa Culligan Regulatory Specialist II 17 NUG 17 PM 3: 55

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Pineapple Express At the Fair, LLC.
(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
9014 Wiggins Rd. Frot	9014 Wiggins Rd. Front
Gibsonteh, FL 33534	GIDSONION, P. 33534
813-310-7771	813-318-7771
- (

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:

Angle Royley

Angle Royley

Name

Angle Royley

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

Gibsonton, FL 33534

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. Thereby 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 Yhapter 605, F.S..

(CONTINUED)

ARTICLE IV-

Title:
"AMBR" ≈ Authorized Member

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

Name and Address:

"MGR" = Manager	Angie Barley	
AMBR	g Gibsonton, FC 33534	
AMBR	Vevin M Lamkin	
	GINSONION FL 33534	
(Use attachment if necessary)		
the date of filing.)	d cannot be more than five business days prior to or 90 days applicable statutory filing requirements, this date will not be lis	
This document is executed in accurate that any false informations a third degree felony and the Boxle Typed	an authorized representative of a member. cordance with section 605,0203 (1) (b). Florida Statutes, ation submitted in a document to the Department of state as provided for in s.817.155, F.S. Opprinted name of signee Filing Fees: on and Designation of Registered Agent	