

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : FOLEY & LARDNER
Account Number : 07272000061
Phone : (904) 359-2000
Fax Number : (904) 359-8700

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: glnny@myrickpollcygroup.com

**FLORIDA LIMITED LIABILITY CO.
BILLY GOAT HILL, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	83x 04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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K. Brumbley

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BILLY GOAT HILL, 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:

GINNY MYRICK

Name of Person

MYRICK POLICY GROUP, INC.

Firm/Company

4446-1A HENDRICKS AVE #389

Address

JACKSONVILLE, FL 32207

City/State and Zip Code

GINNY@MYRICKPOLICYGROUP.COM

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

For further information concerning this matter, please call:

GINNY MYRICK

904

536-8022

Name of Person

at

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BILLY GOAT HILL, LLC

(Must contain 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:

4446-1A HENDRICKS AVE #389
JACKSONVILLE, FL 32207

Mailing Address:

4446-1A HENDRICKS AVE #389
JACKSONVILLE, FL 32207

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:

GINNY MYRICK

Name

4446-1A HENDRICKS AVE #389

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

JACKSONVILLE

FL

32202

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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17 DEC 21 AM 10:23
11.11.17
SECRETARY OF STATE
TALLAHASSEE, FL 32304

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ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGR</u>	<u>GINNY MYRICK</u> <u>1121 MONTICELLO RD.</u> <u>JACKSONVILLE, FL 32207</u>
<u>AMBR</u>	<u>STEVE KELLY</u> <u>4446-1A HENDRICKS AVE #389</u> <u>JACKSONVILLE, FL 32207</u>
<u></u>	<u></u>
<u></u>	<u></u>
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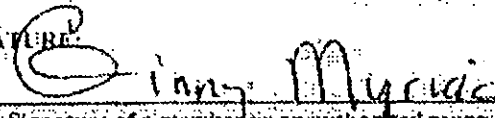
(Use attachment if necessary)

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:
NONE

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.

GINNY MYRICK

Typed or printed name of signer

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)

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