L180000 18474

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #))
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC	Streeter Transmission LLC			
30000	Name of t	Limited Liability Co.	mpany	
The encl	losed Articles of Organization and fee(s)	are submitted for fil	ing.	
Please re	eturn all correspondence concerning this	matter to the followi	ng:	
	Sierra Walker			
		Name of Person	n	
	Streeter Transmission			
		Firm/Company		
	4011 us 27 S			
		Address		
	Sebring, FL 33870			
	Strectertransmission 1967@gmail.com	City/State and Zip	Code	
	E-mail address: (to be us		report notification	on)
For furthe	er information concerning this matter, ple	ase call:		
	Sierra Walker		-6577	
	Name of Person	Area Code Da		
Enclosed	d is a check for the following amount:			
]\$ 125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional cop	_{py} L	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Stree	t Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabili Streeter Transmissio				
(Must cont	ain the words "Limited	Liability Compan	y, "L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	office of the Limit	ed Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
4011 us 27 S		40	111 us 27 S	
Sebring, FL 33870			bring, FL 33870	
The name and the Florida street	Sierra Walker 9242 Morgan Path Florida street addres	Name	acceptable)	JAN 19 AM 8: 54
	Sebring	FL _	33875	
	City	State	Zip	
place designated in this certificate further agree to comply with the p	, I hereby accept the app rovisions of all statutes r bligations of my position	pointment as regist relating to the proj as registered age	the above stated limited liability compa ered agent and agree to act in this capa er and complete performance of my du nt as provided for in Chapter 605, F.S	acity. 1 uties, and I

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR/MGR	Sierra Walker
	9242 Morgan Path
	Sebring, FL 33875
	
	
(Use attachment if necessary)	
CLE V: Effective date, if other than the da	ate of filing: (OPTIONAL)
effective date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days at
effective date is listed, the date must be a te of filing.)	specific and cannot be more than five business days prior to or 90 days at
effective date is listed, the date must be sate of filing.) If the date inserted in this block does no	specific and cannot be more than five business days prior to or 90 days at of meet the applicable statutory filing requirements, this date will not be liste
effective date is listed, the date must be sate of filing.) If the date inserted in this block does no ocument's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days at of meet the applicable statutory filing requirements, this date will not be listed
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effective date is listed, the date must be ate of filing.) If the date inserted in this block does no ocument's effective date on the Department of the Dep	specific and cannot be more than five business days prior to or 90 days at our meet the applicable statutory filing requirements, this date will not be lister and of State's records.
n effective date is listed, the date must be state of filing.) 1: If the date inserted in this block does no document's effective date on the Department of	specific and cannot be more than five business days prior to or 90 days a set meet the applicable statutory filing requirements, this date will not be list ent of State's records.
n effective date is listed, the date must be slate of filing.) E: If the date inserted in this block does no document's effective date on the Department of	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be listent of State's records.

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.

Sierra Walker

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)