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# COVER LETTER

TO: New Filing Section Division of Corporations

DEBBIE PATTERSON, EA\_LLC SUBJECT:

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:

DEBBIE PATTERSON

Name of Person

DEBBIE PATTERSON EA LLC

Firm/Company

12609 GOPHERBROKE RD

Address

GROVELAND FL 34736

City/State and Zip Code

debbiepattersonea@aol.com

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

For further information concerning this matter, please call;

DEBBIE PATTERSON	352	516-9353
	at (	_)
Name of Person	Area Code	Davtime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filling Fee

S130.00 Filing Fee & Certificate of Status

\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

Street Address

S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE1 - Name:

The name of the Limited Liability Company is:

#### DEBBIE PATTERSON, EA 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:

GROVELAND, FL 34736 GROVELAND, FL 34736

another business entity with an a	ietive Florida registrati	on.)	-	-	ා	
The name and the Florida street a	address of the registere	d agent are:			8,	.,
	DEBBIE PATTERS	ON			ဟံ ကြ	-
		Name				
	12609 GOPHERBR	OKERD			က္ဆ	
	Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)		5	
	GROVELAND. FL	34736				
	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. Thereby accept the appointment as registered agent and agree to act in this capacity. T further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and T am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

blu

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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. . .

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	DEBBIE PATTERSON
	12609 GOPHERBROKE RD
	GROVELAND, FL 34736
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of tiling: <u>01/01/2018</u>. (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.)

<u>Note:</u> 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,

# REQUIRED SIGNATURE:

chlie Patterson

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.

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DEBBIE PATTERSON

Typed or printed name of signee

#### Filing Feest

\$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)