## 11800050576

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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## COVER LETTER

TO: New Filing Section Division of Corporations  SUBJECT: Churchill + Wells	P110		
SUBJECT: Name of Limited Li	iability Company		
The enclosed Articles of Organization and fee(s) are submi	itted for filing.		
Please return all correspondence concerning this matter to the following:			SHEW IN
Robert G. Churco	chill, Jr.	_	
902 N. Duval Street			
	Address	<del></del>	
Tallahassee, FL city/sta raclaw@gmail.c	32303	<del></del> ,	
caclam@amail.	ate and Zip Code		
E-mail address: (to be used for ful	ture annual report notification)		
For further information concerning this matter, please call:			
Robert Churchill at 850	O bode Daytime Telephone Number	٠.5	. પાસ્ત્ર
Enclosed is a check for the following amount:			
Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee Certificate of Statu ditional copy is enclosed) Certificate Copy (additional copy is en	2016 %50	<b>-11</b>
Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327	Street Address  New Filing Section  Division of Corporations  Clifton Building	PX 12:	FILED
Tallabassee FL 32314	2661 Executive Center Circle	<b>≥</b> ≥ 5	

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:

hurchill + Wells, PLLC

(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:

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:

City

State

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..

stered Agent's Signature (REQUIRED)

(CONTINUED)

MANUAL INSTA

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: 'AMBR" = Authorized Member 'MGR" = Mapager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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. 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. 1 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.

Robert 6. Cherenil Jr.

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)

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SECRETARY OF STATE

SHOW THE