11800099145

(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:

Office Use Only

APR 2 4 2018

T. SCOTT



100312038461

04/23/18--01004--023 **130.00

SECRETARY OF STATE TALLAHASSEE FINE

2018 APR 20 AN .

COVER LETTER

	w Filing Section vision of Corporations	
200	Walking J	
SUBJECT:	Name of Limite	d Liability Company
The enclose	ed Articles of Organization and fee(s) are s	abnutted for filing.
Please retur	m all correspondence concerning this matte	r to the following:
	Kimberly Jennings	
		Name of Person
		Firm/Company
	19973 56th Street	A 11
		Address
	Live Oak, FL 32060	/State and Zip Code
1	Dansajo@yahoo.com	
-	E-mail address: (to be used for	r future annual report notification)
For further in	nformation concerning this matter, please c	all:
	Anthony Jennings 386	
	Name of Person Are	a Code Daytime Telephone Number
Enclosed is	s a check for the following amount:	
S125.00 Fi	Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Florida Walki	ing J LLC			_
(M)	ust contain the words "Limited I	Liability Company,	'L.L.C.,'' or "LLC.")	
ARTICLE II - Address The mailing address and	: street address of the principal o	ffice of the Limited	Liability Company is:	
<u>!</u>	Principal Office Address:		Mailing Address:	
19973 56th S	treet	1997	3 56th Street	
Live Oak, FL		Live	Live Oak, FL	
32060		3206	50	
(The Limited Liability Coanother business entity v	vith an active Florida registratio	Registered Agent. \(\)	t's Signature: 'ou must designate an individual o	or
(The Limited Liability Coanother business entity v	ompany cannot serve as its own	Registered Agent. \ n.) Lagent are:	t's Signature: r'ou must designate an individual o	ÐΓ
(The Limited Liability Coanother business entity v	ompany cannot serve as its own with an active Florida registration a street address of the registered	Registered Agent. \(\)	t's Signature: r'ou must designate an individual c	or
(The Limited Liability Coanother business entity v	ompany cannot serve as its own with an active Florida registration a street address of the registered	Registered Agent. \ n.) Lagent are:	t's Signature: r'ou must designate an individual c	or
(The Limited Liability Coanother business entity v	ompany cannot serve as its own with an active Florida registration a street address of the registered Anthony Jennings	Registered Agent. \n.) l agent are:	ou must designate an individual ()T
(The Limited Liability Coanother business entity v	ompany cannot serve as its own with an active Florida registration a street address of the registered Anthony Jennings 19973 56th Street	Registered Agent. \n.) l agent are:	ou must designate an individual (70
(The Limited Liability Coanother business entity v	ompany cannot serve as its own with an active Florida registration a street address of the registered Anthony Jennings 19973 56th Street Florida street address	Registered Agent. Yon.) I agent are: Name S (P.O. Box NOT ac	cou must designate an individual (70

(CONTINUED)

ON APR 20 AM \$ 27

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" = Manager Kimberly Jennings 19973 56th Street Live Oak, FL 32060 CFO Anthony Jennings 19973 56th Street Live Oak, FL 32060 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 04/17/2018 (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.

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.

Anthony Jennings

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)