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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	-
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N. SAMS MAY 18 2018



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73 S.W. Flagler Avenue, Stuart, FL 34994
Post Office Box 809, Stuart, FL 34995
Office (772) 283-8191
Facsimile (772) 283-4396
lms2ep@bellsouth.net

May 10, 2018

Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RE: 30th Enterprises, LLC

TO WHOM IT MAY CONCERN:

Enclosed please find Articles of Organization for 30th Enterprises. Also enclosed please find our check in the amount of \$130.00 for your filing fee.

Please return the Certificate of Status to our office at the address above.

Thank you for your assistance in this matter.

With Kindest Personal Regards,

LARRY M. STEWART

LMS/It Enclosures

COVER LETTER

	ew Filing Section ivision of Corporations
SUBJECT	30th Enterprises, LLC
30031.01	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Danny M. Daigle
	Name of Person
	30th Enterprises, LLC
	Firm/Company
	1404 NW Spruce Ridge Drive
	Address
	Stuart, FL 34994
	City/State and Zip Code
-	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	Danny M. Daigle 772 692-2425
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
]\$125.00 Fi	S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

30th Enterprises			
(Must	t contain the words "Limited I	Liability Company, "l	L.C.," or "LLC.")
ARTICLE II - Address:			
he mailing address and str	reet address of the principal of	ffice of the Limited L	iability Company is:
<u>Pr</u>	incipal Office Address:		Mailing Address:
1404 NW Spruc		1404 1	W Spruce Ridge Drive
Stuart, FL 3499	94	Stuart,	FL 34994
The Limited Liability Con	d Agent, Registered Office, & ipany cannot serve as its own	Registered Agent. Yo	s Signature: ou must designate an individual or-
The Limited Liability Com nother business entity wit		Registered Agent. Yo n.)	ou must designate an individual or
The Limited Liability Com nother business entity wit	npany cannot serve as its own h an active Florida registration	Registered Agent. Yon.) agent are:	ou must designate an individual or
The Limited Liability Com nother business entity wit	npany cannot serve as its own h an active Florida registration treet address of the registered	Registered Agent. Yo n.)	ou must designate an individual or
The Limited Liability Com nother business entity wit	npany cannot serve as its own h an active Florida registration treet address of the registered	Registered Agent. Yon.) agent are: Name	ou must designate an individual or
The Limited Liability Com nother business entity wit	npany cannot serve as its own han active Florida registration treet address of the registered Danny M. Daigle	Registered Agent. Yon.) agent are: Name	ou must designate an individual or
The Limited Liability Com nother business entity wit	npany cannot serve as its own han active Florida registration treet address of the registered Danny M. Daigle 1404 NW Spruce Rid	Registered Agent. Yon.) agent are: Name	nu must designate an individual or.

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)

A	RT	16.1	L I	IV.

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

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager AMBR/MGR	Danny M. Daigle 1404 NW Spruce Ridge Drive		
	Stuart, FL 34994		
AMBR/MGR	Laura A. Daigle	·	
	1404 NW Spruce Ridge Drive		
	Stuart, FL 34994		
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(If an effective date is listed, the date must be spethe date of filing.) Note: If the date inserted in this block does not not the document's effective date on the Department	neet the applicable statutory filing requirements		•
ARTICLE VI: Other provisions, if any.			<u></u>
This document is executed am aware that any false	imber or an authorized representative of a meter in accordance with section 605.0203 (1) (b) information submitted in a document to the Document in a document in the Document in s.817.155. F.S.	, Florida Statutes.	
Danny M. Daigle	<u> </u>		
	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)