

(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: 45 2 CMStr. Name of Limited Lie	ability Company
The enclosed Articles of Organization and fee(s) are submit	ited for filing.
Please return all correspondence concerning this matter to t	he following:
011 - 11	
Billy T. Wade	40
Name	e of Person
3426 Springhill &	
, ر	Address
Tallahasse Fl.	27705
City/State	e and Zip Code
E-mail address: (to be used for futi	ure annual report notification)
For further information concerning this matter, please call:	
-	
(1) Wade at 229	<u> 320-9767</u>
Name of Person Area Co	
Enclosed is a check for the following amount:	
Certificate of Status C	155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	New Filing Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Co	ompany is:		
(Must contain t	he words "Limited Liab	confility Company, "L	FL. LLC .L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street addre	ess of the principal offic	e of the Limited Li	ability Company is:
<u>Principal C</u>	Office Address:		Mailing Address:
3426 Spring	4:11 P.L L. 39305		
ARTICLE III - Registered Agent. (The Limited Liability Company car another business entity with an activ	inot serve as its own Re	Registered Agent' gistered Agent, Yo	s Signature: u must designate an individual or
The name and the Florida street add	ress of the registered ag	ent are:	
-	Billy	T- Wide	
-	3436 Spring Florida street address (1	hill Rd	eptable)
-	Tallahausee City	State	3930 <u>5</u> 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, 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)

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<u>l'itle;</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	R.A. T. I. Jack
MC-12	Killy T. Liland Talkher Get Ft. 30
	JANG STORY NO. 1911 PROCESSES OF THE
	
	<u> </u>
EV: Effective date, if other than the dat ctive date is listed, the date must be s	e of filing:, (OPTIONAL) pecific and cannot be more than five business days prior to or 90 c
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ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) TO JUN -6 PH 2: LB