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## COVER LETTER

TO: New Fi Divisio	ling Section n of Corporations	
SUBJECT:	Turnques + Name of Limit	ed Liability Company
	rticles of Organization and fee(s) are	
Please return al	l correspondence concerning this mat	er to the following:
	Moscoe	Name of Person
	930 Millard	J 7 Address
· · · · · · · · · · · · · · · · · · ·	Tallahassee	FL 32301  City/State and Zip Code
	E-mail address: (to be use	d for future annual report notification)
For further inf	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amount: ling Fee \$\int \sum \frac{\$130.00 \text{ Filing Fee & Certificate of Status}}{\text{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

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

"Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name:

The name of the Limited Liability Company is:

530 Mybred 37
- 530 Myland ST - 10 Myland FL
19/19 hasse FL 3230)
32361
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:  Roscoe I unaques
Name .
930 M. Yland 5T
Florida street address (P.O. Box NOT acceptable)
Tallahasa FL 32301
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. I hereby accept the appointment as registered agent and agree to act in this capacity. I 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

Registered Agent's Signature (REQUIRED)

(CONTINUED).

am familiar with and accept the obligations of proposition as registered arent as provided for in Chapter 605, F.S.

LCC

Mailing Address:

ARTICLE IV-