L18000116309

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

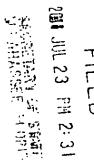
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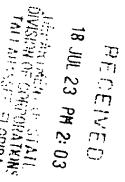
T. SCOTT



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07/23/18--01008--013 **160.00





COVER LETTER

TO: New Filin Division o	ng Section of Corporations		ERVICES	·
SUBJECT:	ECO-W	ASH Se Limited Liabil	rty Carpany	
	cles of Organization and orrespondence concernin	•		
		Y R. Fcc		
			·	
	6995	Proctos a	dress	
·	Foolalash	Tallahas	and Zip Code See annual report notificat	all, (om
For further inform	nation concerning this ma			
Time	Name of Person	at (\$5 c Area Coo	Daytime Telepho	HO9 one Number
Enclosed is a c	theck for the following arguments of the S130.00 Filicates	ng Fee & Status	155.00 Filing Fee & ertified Copy itional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			Street Address	

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

ECONASH LLC.

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

Timothy & Frank

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

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ARTICLE 1 - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

•	6995	(61701)	9				
	Florida street address	s (P.O. Box <u>NOT</u>	acceptable)				
	Tallahassee	<u>4</u>	<u>32301</u>				
	City	. State	Zip	•			
Having been named as registered of place designated in this certificate, further agree to comply with the pram familiar with and accept the ob-	I hereby accept the app	olnlineni is region alatina to the profi	er and complete perf	ormance of my du	ies, and I		
	1 Lwisch Regis	teled Agent's Sign	nature (REQUIRED)				
•		(CONTINUE	D)				
		(00.11					
			•		SSVIPV 1 PC.	201 JUL 23	FILI

Mailing Address:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
_	
President	Timesky R. Fraser
11 0510-14	Circles & Coct of &
	tallangster, Horlan
	52301
 	
	- .
(1.11 1.6	
(Use attachment if necessary)	
TICLEN. Official data if other than	a the date of filing: (OPTIONAL)
THE TO U. C. Commissed and if other than	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 days aft
TICLE V: Effective date, if other than an effective date is listed, the date mu	ust be specific and cannot be more than live business days prior to or 70 days are
TICLE V: Effective date, if other than an effective date is listed, the date in date of filing.) te: If the date inserted in this block d	test be specific and cannot be more than five business days prior to or yo days and locs not meet the applicable statutory filing requirements, this date will not be listed
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PICLE V: Effective date, if other than in effective date is listed, the date mediate of filing.) te: If the date inserted in this block didocument's effective date on the Department of the De	re of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b). Florida Statutes.
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S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)