L18000191609

(Re	equestor'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



200317040992

200317040992 08/10/18--01004--009 **160.00

18 AUG TO ANTITIONS
BY VISIT AND TO BE THE STATIONS
BY VISIT AND THE STATIONS
BY V

COVERLETTER

TO: New Filing Section Division of Corporations	_
SUBJECT: Jeff Lance Name of Limit	ed Liability Company)
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Jeffery T	Name of Person
526 Ray	Ave.
Panama (32401 Address
Cit ieff (e) and s (a pi nor ie-mail address: (to be used to For further information concerning this matter, please of	or future annual report notification)
at (at (at (a Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{Certificate of Status}	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & 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

ARTICLE	I - i	Name:		
erel	e . i		 1 1111 61	

The name of the Limited Liability Company is:

ARTICLE II - Address:

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

Mailing Address:

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:

571, Bay Avc.
Florida street address (P.O. Box NOT acceptable) 3948

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. Thereby 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.

Deffrey Thorne
Registered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each person author	orized to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Helm Jeffer G. Thome 526 Bay Ave: 32401 Panama City Fl. 32405
AMBR	Jennifer B Thurne 1914 Neva +1,11 Drive Tallahacke Fi. 323 vy
	<u> </u>
	
(Use attachment if necessary)	
(If an effective date is listed, the date must be speci the date of filing.)	tiling:
Signature of a mem This document is executed I am aware that any false is constitutes a third degree t	ber or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes, aformation submitted in a document to the Department of State edony as provided for in s.817.155, F.S.
<u></u>	Typed of printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)