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(R	equestor's Name)
	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
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COVER LETTER

TO: New Filing Section Division of Corporations

<u>11</u>C, () SUBJECT: Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Ae C Name of Person Address $\square 0 \bigcirc$ City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Area Code Davtime Telephone Number Enclosed is a check for the following amount: \$130.00 Filing Fee & Certificate of Status \$125.00 Filing Fee \$155.00 Filing Fee & \$160.00 Filing Fee. Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address Street Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division of Corporations Clifton Building 2664 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

limits that words "Limited Liability C mpany, "L.L.C., 'LLC.")

ARTICLE II - Address:

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:

(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:



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? further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. 37

istered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" ≡ Manager	Branch Baxter
	8015 Q1311 Drive.
	······································
(Use attachment if necessary)	· · · · · · · · · · · · · · · · · · ·
(Use attactment if necessary) ICLE V: Effective date, if other than the date of filing: _	(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REOUIRED SIGNATURE: 46 Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 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)