LXXXXXX

(Requestor's Name)			
(Address)			
(Address)			
	City/State/Zip/Phone #)		
PICK-UP	☐ WAIT ☐ MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status		
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SECRETARY OF STATE

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COVER LETTER

TO:	New Filing Section Division of Corporations
SUBJE	Good Lloyd's LLC.
SUBJE	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Joel Lloyd
	Name of Person
	Firm/Company
	7968 Sandel Wood Cir W
	Address
	Fort Myers, FL 33908
	City/State and Zip Code
	goodlloyds@outlook.com
	E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
	Joel Lloyd 239 287-6181
	Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
\$ 125.0	Of Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{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 II - Address:		• • •	C.," or "LLC,"}		
The mailing address and str	reet address of the principal office	of the Limited Liabi	,		
·	incipal Office Address:		Mailing Address:		
7968 Sandel Wood Cir W		7968 Sanc	del Wood Cir W		
Fort Myers, FL	33908	Fort Myer	s, FL 33908		
(The Limited Liability Con	d Agent, Registered Office, & Renpany cannot serve as its own Region and active Florida registration.)			or T vo	젊구
(The Limited Liability Con another business entity wit	npany cannot serve as its own Regith an active Florida registration.) street address of the registered ager Joel Lloyd Nat	istered Agent. You n nt are:		SECRETARY O TALLAHASSEE.	強弱 AUG 30 1
(The Limited Liability Con another business entity wit	npany cannot serve as its own Regith an active Florida registration.) street address of the registered ager Joel Lloyd	istered Agent. You n nt are: me	nust designate an individual	SECRETARY OF S TALLAHASSEE, FL	
(The Limited Liability Con another business entity wit	npany cannot serve as its own Regith an active Florida registration.) street address of the registered ager Joel Lloyd Nate	istered Agent. You n nt are: me	nust designate an individual	SECRETARY OF STATE TALLAHASSEE. FLOAT	SEE AUG 30 AM 8: 17

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMGR	Joel Lloyd 7968 Sandel Wood Cir W Fort Myers, FL 33908
	SECRETARY ALLAHASSE
(Use attachment if necessary)	SSEE FLORID
he date of filing.)	nd cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
This document is executed in a I am aware that any false inform	or an authorized representative of a member. ccordance with section 605.0203 (1) (b), Florida Statutes. nation submitted in a document to the Department of State r as provided for in s.817.155, F.S.
Joel Lloyd	

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)