L18000213297

(Requestor'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

N. SAMS



300318024053

09/10/18--01024--014 **125.00

COVER LETTER

TO:	New Filing Section Division of Corporations		•••
	3564 West Fairfield Drive, LL	C	
SUBJEC	T:Name	of Limited Liabilit	y Company
The encl	osed Articles of Organization and fo	e(s) are submitted	for filing.
Please re	turn all correspondence concerning	this matter to the fe	dlowing:
	Joseph G. Shires		
		Name of	Person
		Firm Co.	
		rumve	mpany
	3358 Pursell Lane	Addr	
	Pensacola, Florida 32526	City State an	d Zip Code
	Heshires@aim.net E-mail address: (to	be used for future t	mnual report notification)
For furthe	a information concerning this matte	r, please call:	
	Joseph G. Shires	(850) at+	572-8382
	Name of Person		Daytime Telephone Number
Enclose	rd is a check for the following amou	nt:	
<u> </u>	0 Filing Fee S130,00 Filing I Certificate of S	tatus 🖵 Certif	00 Filing Fee & S160.00 Filing Fee. ied Copy ial copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporation P.O. Box 6327	;	Street Address New Filing Section Division of Corporations Cliffon Building
	P.O. Box 6327 Tailahassee, FL 32314		2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability (Company is:	
3564 West Fairfield Dr	ive. LLC	
		lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	ress of the principal office	of the Limited Liability Company is:
<u>Principal</u>	Office Address:	Mailing Address:
3358 Pursell Lane		3358 Pursell Lane
Pensacola, Florida 325	26	Pensacola, Florida 32526
mother business entity with an act	annot serve as its own Reg ive Florida registration.)	istered Agent. You must designate an individual or
The name and the Florida street ad		ntare.
	Joseph G. Shires	
	Na	ane
	3358 Pursell Lane	
	Elevida etroot address (P.	O. Ros. NOT accentable)

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 by in Chapter 605. F.S.

Pensacola

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Florida State

· 13 in 215

ARTICLE IV-

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

Title:	Name and Address:		
"AMBR" Authorized Member			
"MGR" = Manager			
MGR	Joseph G. Shires		
	3358 Pursell Lane		_
	Pensacola, FL 32526		_
M	Majorie N. Shires		
	3328 Holt Circle		_
	Pensacota, FL 32526		_
			_
			<u></u>
		··	_
			_
		······	 -
			_
Illieu ette ekonomi illinoma enem			
(Use attachment if necessary) CTICLE V: Effective date, if other than the date of filian effective date is listed, the date must be specific date of filing.) ote: If the date inserted in this block does not meet the specific of the date inserted in this block does not meet the specific of the date inserted in this block does not meet the specific of the date inserted in this block does not meet the specific of the date of the specific of th	and cannot be more than five business days p he applicable statutory filing requirements, this	rior to or	
CFICLE V: Effective date, if other than the date of filican effective date is listed, the date must be specifice date of filing.) ote: If the date inserted in this block does not meet the document's effective date on the Department of Sta	and cannot be more than five business days p he applicable statutory filing requirements, this	rior to or	
CFICLE V: Effective date, if other than the date of filican effective date is listed, the date must be specifice date of filing.) ote: If the date inserted in this block does not meet the	and cannot be more than five business days p he applicable statutory filing requirements, this	rior to or	
CFICLE V: Effective date, if other than the date of filican effective date is listed, the date must be specifice date of filing.) ote: If the date inserted in this block does not meet the document's effective date on the Department of Sta	and cannot be more than five business days p he applicable statutory filing requirements, this	rior to or	
CFICLE V: Effective date, if other than the date of filican effective date is listed, the date must be specifice date of filing.) ote: If the date inserted in this block does not meet the document's effective date on the Department of Sta	and cannot be more than five business days p he applicable statutory filing requirements, this	rior to or	
ETICLE V: Effective date, if other than the date of fili an effective date is listed, the date must be specific date of filing.) ote: If the date inserted in this block does not meet the document's effective date on the Department of State of CTICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	and cannot be more than five business days posterior applicable statutory filing requirements, this ite's records.	rior to or date will:	not be listed
RECUTED SIGNATURE: Signature of a member This document is executed in	the applicable statutory filing requirements, this ite's records.	rior to or date will:	not be fisted
CTICLE V: Effective date, if other than the date of fili an effective date is listed, the date must be specific date of filing.) ote: If the date inserted in this block does not meet the document's effective date on the Department of State CTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in I am aware that any false infor	to an authorized representative of a member accordance with section 605.0203 (1) (b). Florimation submitted in a document to the Departn	rior to or date will:	not be listed
CTICLE V: Effective date, if other than the date of fili an effective date is listed, the date must be specific date of filing.) ote: If the date inserted in this block does not meet the document's effective date on the Department of State CTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in I am aware that any false infor	and cannot be more than five business days posterior applicable statutory filing requirements, this ite's records.	rior to or date will:	not be listed
CFICLE V: Effective date, if other than the date of filian effective date is listed, the date must be specific date of filing.) ote: If the date inserted in this block does not meet the document's effective date on the Department of StateTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in I am aware that any fidse into constitutes a third degree felor	to an authorized representative of a member accordance with section 605.0203 (1) (b). Florimation submitted in a document to the Departn	rior to or date will:	not be fisted
CFICLE V: Effective date, if other than the date of filian effective date is listed, the date must be specific date of filing.) ote: If the date inserted in this block does not meet the document's effective date on the Department of State of CTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of this document is executed in I am aware that any false inforcenstitutes a third degree felor Joseph G. Shires	r or an authorized representative of a member accordance with section 605,0203 (1) (b). Florimation submitted in a document to the Departmy as provided for in s.817,155, F.S.	rior to or date will:	not be fisted
CTICLE V: Effective date, if other than the date of filian effective date is listed, the date must be specificed date of filing.) ote: If the date inserted in this block does not meet the document's effective date on the Department of State CTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in I am aware that any false inforcenstitutes a third degree felor Joseph G. Shires	to an authorized representative of a member accordance with section 605.0203 (1) (b). Florimation submitted in a document to the Departn	rior to or date will:	not be listed
CTICLE V: Effective date, if other than the date of filian effective date is listed, the date must be specificed date of filing.) ote: If the date inserted in this block does not meet the document's effective date on the Department of State of CTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of this document is executed in I am aware that any false inforcenstitutes a third degree felor Joseph G. Shires	to an authorized representative of a member accordance with section 605,0203 (1) (b). Florimation submitted in a document to the Departmy as provided for in s.817.155, F.S.	rior to or date will:	not be listed
REOUTRED SIGNATURE: Signature of a member This document is executed in Lam aware that any false information of states at the document of Signature of a member This document is executed in Lam aware that any false inforcementations at third degree felor Joseph G. Shires Type	r or an authorized representative of a member accordance with section 605,0203 (1) (b). Florimation submitted in a document to the Departmy as provided for in s.817.155, F.S.	rior to or date will:	not be listed
REOUTRED SIGNATURE: Signature of a member This document is executed in Lam aware that any false information of states at the document of Signature of a member This document is executed in Lam aware that any false inforcementations at third degree felor Joseph G. Shires Type	to an authorized representative of a member accordance with section 605,0203 (1) (b). Florimation submitted in a document to the Departmy as provided for in s.817.155, F.S.	rior to or date will:	not be listed