L18000238574

(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



900319821939

10/17/18--01022--012 **125.00

RECEIVED 2018 OCT 17 27

N CULLIGAN OCT 1 7 2018

COVER LETTER

то:	New Filing Section Division of Corporations
SUBJEC	Age of Discovery, LLC
SUBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Gloria Crawford Henderson
	Name of Person
	Age of Discovery, LLC
	Firm/Company
	6937 Grenville Road
	Address
	Tallahassee, FL 32309
	City/State and Zip Code
	ageofdiscovery@earthlink.net
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Gloria Crawford Henderson 850 2844899
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
	Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:

(Must co	ontain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")			
ARTICLE II - Address:						
The mailing address and stree	t address of the principal	office of the Limited	Liability Company is:			
Princ	ipal Office Address:		Mailing Address:			
6937 Grenville Road		6937	Grenville Road			
			·			
ADTICLE HE Designed A	P- 14 100	45				
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	ny cannot serve as its own	n Registered Agent. Y	t's Signature: 'ou must designate an individual c	or · (20:	
(The Limited Liability Compa	ny cannot serve as its own n active Florida registration	n Registered Agent. Yon.)	t's Signature: 'ou must designate an individual c		2018 657	T i
(The Limited Liability Compa another business entity with a	ny cannot serve as its own n active Florida registration	n Registered Agent. Yon.) d agent are:	t's Signature: 'ou must designate an individual c		2018 CCT 1	FIL
(The Limited Liability Compa another business entity with a	ny cannot serve as its own active Florida registration active florida registeret address of the registere	n Registered Agent. Yon.) d agent are:	t's Signature: 'ou must designate an individual c	T. MASSET	2018 057 17 '	FILE
(The Limited Liability Compa another business entity with a	ny cannot serve as its own active Florida registration active florida registeret address of the registere	n Registered Agent. Yon.) d agent are:	t's Signature: 'ou must designate an individual c	SSAHA TA	007.17 17	=
(The Limited Liability Compa another business entity with a	ny cannot serve as its own n active Florida registration et address of the registere Gloria Crawford Hender 6937 Grenville Road	n Registered Agent. Yon.) d agent are:	ou must designate an individual o	SSAHA TA	2018 CCT 1.7 (11.2)	7
(The Limited Liability Compa another business entity with a	ny cannot serve as its own n active Florida registration et address of the registere Gloria Crawford Hender 6937 Grenville Road	n Registered Agent. Yon.) d agent are: Son Name	ou must designate an individual o	SSAHA TA	007.17 17	7

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. 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..

Registered Agents Signature (REQUIRED)

(CONTINUED)

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 Gloria Crawford Henderson 6937 Grenville Road Tallahassee, FL 32309 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: October 14, 2018 _____. (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.) Note: 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:

ARTICLE IV-

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.

Gloria Crawford Henderson

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)