L1.8000 239649

(Red	uestor's Name)	
(Add	lress)	
(Add	Iress)	
(City	//State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F		

Office Use Only

N SAMS



800319387098

10/17/18--01024--003 **125.00

16 007 17 PH 2:44

COVER LETTER

`

TO: New Filing Section Division of Corporations
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:
Ryan Christopher Woods - Malley Name of Person
Novels Malley
SOINW 65th IN
Address
Gaineville, FL 32653
City/State and Zip Code Rwood OH3 OF iv. Calv E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Eperosed is a check for the following amount:
\$125.00 Filing Fee S130.00 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 Address New Filing Section Division of Corporations Division of Corporations Division of Corporations Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

·	
ARTICLE 1 - Name: The name of the Limited Liability Company is:	60
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	
	70
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	# 5:
Principal Office Address: Mailing Address: Mailing Address: Mailing Address: Sainesville, Florida Saless 32653	ine
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: Mark £//10.++	
Name Name VW 48th Terrare Apt Florida street address (P.O. Box NOT acceptable)	#301
Guinesville Florida 32606	
City State Zip	
laving been named as registered agent and to accept service of process for the above stated limited liability company at 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 dutics, and familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S Registered Agent's Signature (REQUIRED)	1

(CONTINUED)

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: 'AMBR" = Authorized Member (Use attachment if necessary) **ARTICLE 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.) 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. REQUIRED SIGNATURE:

12-20 /

ARTICLE IV-

ignature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. Tam 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)