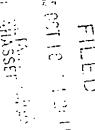
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(Req	uestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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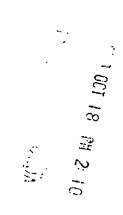
Office Use Only



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OCT 18 2019 T SCHROEDER

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: T. Holmes Services 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:
Tyler T. Holmes Name of Person
/ Name of Person
45 Vermeer Ln. Address
DeFunith School Fl. 321/33 City State and Zip Code Tygar Manager 1005 beach rentals a) 9 mail. Com E-mail address: (so be used for future annual report notification)
For further information concerning this matter, please call:
Tyler lb/mes at (750) 307 - 357/ Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{S160.00 Filing Fee.} \text{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
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L.L.C." or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
15 vermer Ln	46 Vermeer Ln.
A.E. 1/ - 721/27	A.F. W. Source F/
Wernight Strings 12. OCh)	138167741 SUT1193 1 CT

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:

Name

Virnier La

Florida street address (P.O. Box NOT acceptable)

Dy Funch Springs FL 37432 City State Zip

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 Agent's Signature (REQUIRED)

(CONTINUED)

ZOTE COT I.E. T. 29 IV.

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
"AMBR-Tyler Holmes	45 Vermeer Ln DEFENRAL Spr.yes Ft.
(Use attachment if necessary)	
date of filing.)	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed
FICLE VI: Other provisions, if any,	
·	
·	ha

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)