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(Re	equestor's Name)	
(Ad	dress)	
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(Cil	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
(<u>, 18-9351</u>	5	

Office Use Only



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10/22/18--01027--007 **130.00

SECRETARY OF STATE

COVER LETTER

TO: New Filing Section Division of Corporations	·
SUBJECT: Tonya Kay Name of Limited L	ability Company
The enclosed Articles of Organization and fee(s) are subm	itted for filing.
Please return all correspondence concerning this matter to	the following:
•	
longa Nelson	ne of Person
32010 Huy 27 L	HB-5
343.3	Address
71 Col. Fla 3	2844
City/S	tate and Zip Code
none	Starte appual report notification)
E-mail address: (to be used for	
For further information concerning this matter, please cal	!: · · · · · · · · · · · · · · · · · · ·
Toma Delson at 85	0 345-4766
	Code Daytime Telephone Number
•	•
Enclosed is a check for the following amount:	35155 00 Filing Fee & \$160.00 Filing Fee,
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status	Certified Copy Certificate of Status &
	additional copy is enclosed) Certified Copy (additional copy is enclosed)
•	
Mailing Address	Street Address New Filing Section
New Filing Section Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building 2661 Executive Center Circle.
Tallahassee, FL 32314	Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liabili	ıy Company is:				
(Must cont	Lain the words Limited Liab	El Sono			
ARTICLE II - Address: The mailing address and street a	ddress of the principal office	e of the Limite	d Liability Company is:		
<u>Princi</u>	oal Office Address:		Mailing Address	:	
32010 7 Haims C	lwy 27 Lot 8	<u>s-s 3</u>	ablo Huy and Lat B-54 FLA.	38844	
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	y cannot serve as its own Re	gistered Agent	ent's Signature: . You must designate an indivi	dual or	
The name and the Florida stree	address of the registered ag	gent are:		ZZ TA	
	Tong Yan	Nels	Service Control	E03	
	32010 The Florida street address (I	vame <u> </u>	n Lot B-5 acceptable)	CT 22 F	- - -
•	Haims City	Fla	33844 Zip	PH 3: 53	C
Having been named as registered place designated in this certifical further agree to comply with the am familiar with and accept the	te, I hereby accept the appoir provisions of all statutes rela	ntment as regisi uting to the prot	erea ageni and agree to act in per and complete performance	y company at the this capacity. I of my duties, and I	
·	C of	Lu 1	Melonature (REQUIRED)	-	
	, itegister	- 30-0-111-111-111-111-111-111-111-111-111			

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
"AMBR"	Tonya Kay Nelson
	33010 Huy 37 Lot 8-5
	Haines City FLA. 08874
(Use attachment if necessary)	
(Use attachment if necessary)	•
.F.V: Effective date, if other than the	e date of filing: (OPTIONAL)
.F.V: Effective date, if other than the	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 day
LEV: Effective date, if other than the fective date is listed, the date must of filing.)	be specific and cannot be more than live business days prior to or 70 day
JEV: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does	s not meet the applicable statutory filing requirements, this date will not be
LEV: Effective date, if other than the fective date is listed, the date must of filing.)	s not meet the applicable statutory filing requirements, this date will not be
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DE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ment's effective date on the Depart LE VI: Other provisions, if any. REOUIRED SIGNATURE:	So not meet the applicable statutory filing requirements, this date will not be innent of State's records. Have Manual and Cannot Be more than two business days prior to or 90 days of a member or an authorized representative of a member.
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LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ment's effective date on the Depart LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is I am aware that an	So not meet the applicable statutory filing requirements, this date will not be innent of State's records. Have Manual and Cannot Be more than two business days prior to or 90 days of a member or an authorized representative of a member.
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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)

ARTICLE IV-

Document number 1- 15000054543	
And will file a new filing with the same name.	
C. W. My	