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(Requestor's Name)
(Address)
, ,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Emily Name)
(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:

Office Use Only



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JANUARY CONTRACTORIDA

TALL ARCOST PLORIDA

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COVER LETTER

, ,

TO: New Filing Section Division of Corporations	_
SUBJECT: FIFST CITY MILES Name of Limited Liability	Works LLC Company
The enclosed Articles of Organization and fee(s) are submitted for	r filing.
Please return all correspondence concerning this matter to the folk	owing:
BEAUDON TO	dd Harfeel
112 MAJDALAU -	Deiur
Address	
PerlSACOLA F/ 3	32507
First ctrullogual	
E-mail address: (to be used for future ann	nual report notification)
For further information concerning this matter, please call:	Ran repoir notification) ORIA III
Bendon Harles at (850) Name of Person Area Code	776 5678 Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certified	Filing Fee & S160.00 Filing Fee, Copy Certificate of Status & Copy is enclosed) Certified Copy (additional copy is enclosed)
New Filing Section No Division of Corporations Di P.O. Box 6327 Cl Tallahassee, Ft. 32314 26	treet Address ew Filing Section ivision of Corporations lifton Building 66 I Executive Center Circle fallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
(Must contain the words "Limited Liability C	rks LLC
(Must contain the words "Limited Liability C	ompany, "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:
8222 DITTIMAL AVE	8222 DITTMAN Ave

Perisacola FI 27534 27534 27534		0.	
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.)	30 g	2016 F	
The name and the Florida street address of the registered agent are: BRASDOS HAGES	HASSEE,	10V -5 A	TILE
Name 1/2 MA (DA/Ac) Drwle Florida street address (P.O. Box NOT acceptable)	त्राधाः समाजन	HI: 15	
PLASACOLA FI 32507	-	,	

State

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.

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MgR	Bracons Harlen
	PCals ACOLA, FI 32507
	20
	ATT ATT ATT
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m)	THE STATE OF THE S
(Use attachment if necessary)	1.5 1 U
the date of filing.)	fic and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any,	
	/
REQUIRED SIGNATURE:	C Marriel
Signature of a member of a mem	ber or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes, aformation submitted in a document to the Department of State elony as provided for in s.817.155. F.S.

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)