

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Land O' S	ed Liability Company
The enclosed Articles of Organization and fee(s) are s	submitted for filing.
Please return all correspondence concerning this matt	er to the following:
David H	Name of Person
land O	Sun UC Firm/Company
14913	Address
E-mail address: (to be used for	FL 320160  W/State and Zip Code  Be a moul Com  or future annual report notification)
For further information concerning this matter, please of	call:
David Temple at ( 3	a Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Status S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed)  S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section Division of Corporations	New Filing Section Division of Corporations
P.O. Box 6327	Clitton Building
Tallahassee, FL 32314	2661 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 contain the words "Limited Liability Company. "L.I.,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:
14913 104th St Live Oak FL 32060 Live Oak FL 32060
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:  David H Temple  Name
14913 104th St
Florida street address (P.O. Box NOT acceptable)
Live Dak FL 32060
City State Zip
laving 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 im 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)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	David H Temple
man bar	14913 104 th Street
member	Live Day FL 32060
MBP	Gina Dechant Temple
	14913 104th Street
	Live Dak FL 32060
MED	Ed Henderson
	14318 68+4 Street
	Live Oak FL 32060
ma0	Stacey Henderson
	16318 68th Street
	Live Dak FL 32060
(Use attachment if necessary)	
ICLE V: Effective date, if other than the	date of filing: NOV 7th 18. (OPTIONAL)
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ARTICLE IV-

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

Title! MBR" Member

Name and Address:

MBR

Fred Henderson 7869 19944 Road Live Dak FL 32060

MBR

Laura Henderson 1869 199th Road Live Dak FL 32060

MBR

James E Henderson 7091 165th Rd Live Oak FL 32060

MBR

Carol Henderson 7091 165th Rd Live Dak Fl 32060

MOR

Gerald Howe 7408 169th Dr Live Dak FL 32060

MBR

 Title: "MBR" member Dominic Henderson MBR 12674 Hwy 349 Live Dak Fl 32060 James Henderson MBR 16318 68th St Live Oak FL 32060