L19000013878	
(Requestor's Name) (Address) (Address)	400323369234
(City/State/Zip/Phone #)	01/16/1901007001 **125.00
Certified Copies Certificates of Status	C RICO JAN 1 6 2019
Office Use Only	OBLIA 30:8 MA 31 NAU 8105 Marte po yratemodo Marija: Marija:

COVER LETTER

TO: New Filing Section **Division of Corporations**

BACK, VARD 2 B LLC I Liability Company SUBJECT:

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tallahassee, FL 32314

RicHaed H Wideman Name of Person Address CRYSTAL RIVER FL 34425 City/State and Zip Code <u>ble D. KARAOKE & G. marl</u> · C. 0 m. E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Richard Wild conna at (27 y) Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: 125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$160.00 Filing Fee \$155.00 Filing Fee & Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is conclusion) ð LL! 777 77 Street Address Mailing Address ę New Filing Section New Filing Section Division of Corporations Division of Corporations 80 P.O. Box 6327 Clifton Building

> 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:

SACK VARD

ARTICLE II - Address:

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



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:

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. 1 further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and l 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)

2019 - თ m Ъ. Т 90 90

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

· .

Title:

"AMBR" = Authorized Member "MGR" = Manager

MRR

Name and Address:

ILHARD H WIDEMAN 4/ A ROJENSEDD WERLY HAMIS FL 34465 20626V H1/15

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: $\frac{1 - 1/2}{1 - 1/2}$. (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.)

<u>Note:</u> 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.

٠

REOUIRED SIGNATURE:

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am 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.

RICHARI H 101Dem 20 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)

S 5.00 Certificate of Status (Optional)

