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## COVERLETTER

TO: New Filing Section Division of Corporations
SUBJECT: Tyler Beyon LLC 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 Reyor Name of Person
Name of Person
1) 14 (aller is) Address
Address
Tallaha : C. FL, 323c3  City/State and Zip Code  berter, 15@amail. (am  E-mail address: (to be used for future annual report notification)
horter, LSBamail. 1 cm
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S155.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee. Certified Copy (additional copy is enclosed)}
Mailing Address  Street Address  Non-Eiling Spatian
New Filing Section New Filing Section  Division of Corporations  P.O. Box 6327 Division of Corporations  Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ä	R	T	1C	LE	1 -	Na	me	:
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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:
1219 Foller Pd	1219 Fuller Rd
Tallanussel El	+ allahasser, th
32302	32303

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:

Jac	=01 Ban	cr
-	Name	)
1214 Full	er vl	
Florida street address	(P.O. Box <u>NOT</u> ac	cceptable)
Tallahace	[L	32323
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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

019 JAN 18 PH 12: 4

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Tiller Beyon 1219 Euller rd Tullahase EL, 32303
(Use attachment if necessary)	
TICLE V: Effective date, if other than than effective date is listed, the date must date of filing.)  te: If the date inserted in this block doe	es not meet the applicable statutory filing requirements, this date will not be listed
TICLE V: Effective date, if other than than effective date is listed, the date must date of filing.)	t be specific and cannot be more than five business days prior to or 90 days after some the applicable statutory filing requirements, this date will not be listed
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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)