# L19000026495

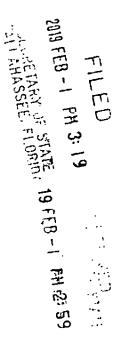
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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N CULLIGAN FEB 1 2019

### COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Providence Bulding Enterprise 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:			
- KEXIRICIL Flode M S Name of Person  278 Ashley HALL RA			
278 Ashley HALL RA			
Address			
( ran FORDV: 1/e El. 32327			
City/State and Zip Code  Control  E-mail address: (to be used for future annual report notification)			
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			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \  \ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			

## Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Street Address
New Filing Section
Division of Corporations
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:				
Must contain the words "Limited Liability Comp	pany, "L.L.C." or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal office of the Lin	mited Liability Company is:			
Principal Office Address:	Mailing Address:			
278 Ash le Hall Rd. CrowFordwille F1 32327	<u></u>			
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Aganother business entity with an active Florida registration.)	Agent's Signature: gent. You must designate an individual or			
The name and the Florida street address of the registered agent are:    Ment-1c   Ada   Name	97 S AHA	SE CRETA	2019 FEB -	F
310 Trig felice of Florida street address (P.O. Box N	SOT acceptable)	RY of ST	-I PH 3:	LED
14//HHPSEF F/	Zip	AIK.	9	

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)

Title:	horized to manage and control the Limited Liability Company:  Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	1 / 1/
_ <i>AMBR</i>	THIS HESSE
· · · · · · · · · · · · · · · · · · ·	
APA MGR	KENRICK Adams 310 ING/EWOOD PO
PARR AMBR	DAVID ITTOCKE 3029 HOCK PINE. THEN PHASSEE FL. 32301
(Use attachment if necessary)	
(If an effective date is listed, the date must be sp the date of filing.)	of filing:
ARTICLE VI: Other provisions, if any,	
REQUIRED SIGNATURE:	inh chidam!
Signature of a mo This document is execu I am aware that any lals	ted in accordance with section 605.0203 (1) (b). Florida Statutes in information submitted in a document to the Department of States in felony as provided for in s.817.155. F.S.
<u> Kenri</u>	Typed or printed name of signee
\$125.00 Filing Fee for Articles of Or	Filing Fees: ganization and Designation of Registered Agent

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