12C(E)CKI

(Re	questor's Name)	<u>_</u>
(Ad	dress)	
·	·	
bA)	dress)	
(Cit	y/State/Zip/Phone	
(,, , , , , , , , , , , , , , , , , , , ,	•
PICK-UP	MAIT	MAIL
	·	
(Bu	siness Entity Name	e)
(Do	cument Number)	
(50		
CertRied Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500324828825

02/13/13--01012--004

**125.00

2019 FEB | 3 AM | 11: | 13 FILED

COVER LETTER

	Filing Section on of Corporations		
SUBJECT: _	TJ NAZWORT	H UC nited Liability Company	
The enclosed /	Articles of Organization and fects) ar	e submitted for filing.	
Please return a	II correspondence concerning this ma	ntter to the following:	
	Tommy Jo	OC NOZWOY- Name of Person	th
	21 Robis	SON DRIVE	·
_	Mianeoc	State and Zip Code Source annual report notification	327 .Com
For further infor	mation concerning this matter, pleas	e call:	
T	Name of Person A	rea Code Daytime Telephone	Number
Englosed is a c	theck for the following amount:		
\$125.00 Filing	Fee \$130,00 Filing Fee & Certificate of Status	\$155,00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahussee, Fl. 32334	Street Address New Filing Section Division of Corporatio Clifton Building 2661 Executive Center	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICIALITY CHARACTER CONTINUES CONT
ARTICLE I - Name: 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:
Crawforduille F132327
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:
Tonny Joe Nazworth
Plorida street address (P.O. Box NOT acceptable)
(1)(10)(10)(110)(11)(110)(11)(110)(110)

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)

Comming the Noneth Registered Agent's Signature (REQUIRED)

2019 FEB 13 AM II: 13

	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Tommy De Nozierth 21 Robison Full Drug Crawforduille F1 32321
AMBR	TOMONY TOP NORZIUNTHO RIKONICO FIIT Drive Crawfordville FI 32327
(Use attachment if necessary)	
ffective date is listed, the date must be of filing.)	date of filing:
ument's effective date on the Departm	
The date inserted in this block does rument's effective date on the Departm LE VI: Other provisions, if any.	
REOURED SIGNATURE: Signature of the Department is experienced and the Department is experienced and the Department is experienced.	a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in §.817.155, F.S.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)