## L19000053415

(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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## COVER LETTER

TO: New Filing Section Division of Corporations Jean
SUBJECT: Betty King 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:
Betty Jean King
Name of Person Same of Person
9561 Capitola Rd Tall, Fl. 32317
Tallahanse P. 32317
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
betty Kmg, 850 559-3876 all
Shelia Jones Area Code Daytime Telephone Number \$50 212-2743
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certified Copy (additional copy is enclosed)  S160.00 Filing Fee. 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

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The name of the Limited Liability Company is:

## ARTICLE II - Address:

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

Principal Office Address:

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

orida street address (P.O. Box NOT acceptable)

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)

The name and address of each person a	authorized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Bethy Jean Vins
	9549 Capitola Rd
AMBR	Tallerance, 3231
MGR"	Shelia Evett, Jones
	705 DIXIE UR (APP+#2)
	1 alkhanee, 1-1 32504
<del></del>	
(Use attachment if necessary)	
	214/19
CTICLE V: Effective date, if other than the da	ate of tiling: OPTIONAL) specific and cannot be more than five business days prior to or 90 days at
date of filing.)	
ote: If the date inserted in this block does no	of meet the applicable statutory filing requirements, this date will not be listed
document's effective date on the Departmen	nt of State's records.
CTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
//	7 2 2 10 10 10 10 10 10 10 10 10 10 10 10 10
- Daig	nember or an authorized representative of a member.
This document is exe	euted in accordance with section 605,0203 (1) (b), Florida Statutes.
I am aware that any fa	alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
	the King King
	Typed or printed name of signee
	Filing Fees:

as

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

ARTICLE IV-

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