L19000054758

(Deguadada Nama)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sounds Entry Name)
(O-support Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

Office Use Only



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MAR : 5 2019

COVER LETTER

TO: New Filing Section Division of Corporation			
SUBJECT: SONTHE	Name of Limited Liabi	Ity Company	
The enclosed Articles of Organiza	tion and fee(s) are submitte	d for filing.	
_			
Please return all correspondence co	oncerning this matter to the	following:	
Benjan	nah Kirk Name o	Dilbrd Person	
3518	forest OAK	W Iress	
TA	LL. FL 3	37308	
Souther	City/State a	nd Zip Code	n
	dress: (to be used for future		·
For further information concerning t	this matter, please call:		
_	at (850	, 510-2769	
Name of Perso	on Area Code	Daytime Telephone No	ımber
Enclosed is a check for the follow	ing amount:		
\$125.00 Filing Fee \$130.0 Certifi	cate of Status ——Certi	fied Copy mal copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
<u>Mailing Addres</u>	ss	Street Address	
New Filing Sect	ion	New Filing Section	
Division of Cor P.O. Box 6327	porations	Division of Corporations Clifton Building	
Tallahassee, FL	32314	2661 Executive Center C	ircle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liabilit	y Company is:			
SOUTHER	2N RUST CO	11141		
(Must cont ARTICLE II - Address:	ain the words "Limited	Liability Company.	"Lilici, or "late.")	
The mailing address and street a	ddress of the principal o	office of the Limited	Liability Company is:	
	al Office Address:		Mailing Addres	<u>ss</u> :
3218 to	be 35308		3me	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its owr active Florida registration address of the registered	(Registered Agent. on.)	You must designate an indi	vidual or
	1250 SH	Name Name	<u> </u>	
	Florida street addres	ss (P.O. Box <u>NOT</u> :	acceptable)	
	City	State	32312	
Having been named as registered place designated in this certificate further agree to comply with the paramiliar with and accept the older.	, I hereby accept the approvisions of all statutes in the provisions of my position of my position and the provision of the p	pointment as register eliging to the prope as registered agent	red agent and agree to act in r and complete performance as provided for in Chapter (this capacity. I of my duties, and I
	L Rogis	(CONTINUED)	·	FILED 2019 MAR - 5 PH 12: 08 SEURETARY OF STARE ALLIAHASSEE, FEGRES

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" Manager	Benjamin Kirk Dillord
	35/8 BREST DOK W
Manfoer	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the dat If an effective date is listed, the date must be s he date of filing.) Note: If the date inserted in this block does not	te of filing:
ARTICLE V: Effective date, if other than the dat If an effective date is listed, the date must be so	meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE V: Effective date, if other than the dat If an effective date is listed, the date must be some date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department ARTICLE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE V: Effective date, if other than the dat If an effective date is listed, the date must be sche date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department	meet the applicable statutory filing requirements, this date will not be listed as it of State's records.
ARTICLE V: Effective date, if other than the dat If an effective date is listed, the date must be s the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Departmen ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a r This document is exect 1 am aware that any fal	meet the applicable statutory filing requirements, this date will not be listed as at of State's records.

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)

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And will file a new filing with the same name.