## L19000096425

(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:	

Office Use Only



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## COVERLETTER

TO: New Filing Section Division of Corporations
SUBJECT: Aunther Things and More LCC 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:
Leslie D Graham Name of Person
Name of Person
3025 Fairview Prive
Tallahousee Fla 32301  City/State and Zip Code
City/State and Zip Code
Auntter / P goh, Com
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:
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Must contain the words "Limited Liability	as and more LLC
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	f the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3025 Fireview Dase	Tallahare, Fla 30361
Tellahister =1, 32301	Tallahore, Fle 30367

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:

ARTICLE I - Name:

Johnny McNr.17 Name

2367 Pontice Orive
Florida street address (P.O. Box NOT acceptable)

Tellehoree F/4 72701
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)

Registery Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member	Same and Address:
"MGR" = Manager	Lestic D Graham 3025 Fairview Prise Tellahema 1515 72301
(Use attachment if necessary)	•
ate of filing.)	I cannot be more than five business days prior to or 90 days a applicable statutory filing requirements, this date will not be list
ICLE VI: Other provisions, if any.	

Filing Fees:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State

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

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)