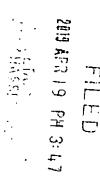
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Special Instructions to	Filing Officer:	
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Office Use Only



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# COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: SIR FIX A LOT	
Name of Limite	d Liability Company
The enclosed Articles of Organization and fee(s) are st	bmitted for filing.
Please return all correspondence concerning this matter	to the following:
Kichard Antho	Same of Person
2616 mission 1	3d.#40 Address
Tallahassee F	State and Zip Code 32304
sirfixalot 65@yoho	
	future annual report notification)
For further information concerning this matter, please co	ill:
Kicherd Clanton at (32 Name of Person Area	Code Daytime Telephone Number
Name of r cross	Carde 7745 time Ferejarone Admines
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee. Certified Copy additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section Division of Corporations	New Filing Section  Division of Corporations
P.O. Box 6327	Clifton Building
Taflahassee, FL 32314	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:

Sir Fix A LOT L.L.C.

(Must contain the words "Limited Liability Company, "L.L.C.," or "LL.C.,")

Mailing Address:

### ARTICLE II - Address:

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

Principal Office Address:

2616 mission Rd #40 2616 mission for Tallahassee, Florida Tallahassee, Florida 32304	<u></u>	F40	)
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 canother business entity with an active Florida registration.)	or *	2019	
The name and the Florida street address of the registered agent are:  Kichard A. Clanton  Name	S.45.	9 AFR 19	T
2616 Mission Rd #40  Florida street address (P.O. Box NOT acceptable)  Lo Makessee Florida 32304)	•	P# 3:47	
City State Zip		7	

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

		N. J. J. J. J. Janeson
	Title: "AMBR" = Authorized Member	Name and Address:
	"MGR" = Manager	
••	MCR.	Kichard A. Clanton
	<del></del> _	2616 Mission Rd. ## 40
		10110100 100 100 (
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	All and the American Community	
	(Use attachment if necessary)	
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(If an the da <u>Note:</u> the do	CLE V: Effective date, if other than effective date is listed, the date muste of filing.)  If the date inserted in this block document's effective date on the Department's effective date in this block document.  Signature This document I am aware that constitutes a thin	est be specific and cannot be more than five business days prior to or 90 days after best not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.  For a member or an authorized representative of a member, is executed in accordance with section 605.0203 (1) (b). Florida Statutes.

Filing Fees:

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

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