## 49000121478

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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05/13/19--01012--001 ++125.00

J. FASON MAY 1 3 2019 19 HAY IS AMIO: TO

## COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Francej creation 2 LC 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:	
France lonne charles - Jones Name of Person	
4021 Margan Rd.	
Tallahassee, PL 32305  City/State and Zip Code  Francejcreation 2 @ Yahoo con / Franceyones 4@ Yahoo 1:-mail address: (to be used for future annual report notification)	·· Com
For further information concerning this matter, please call:	
Francolonne Jones at (850) 294-4242  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:  \$125.00 Filing Fee & S155.00 Filing Fee & Certificate of Status  Certificate of Status  (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)	
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations	

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

ARTICLE	1 - 1	Same:	
			1 1 1 1 111 A 21

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:
4021 Morgan Pd Tallahassee, PL 32305	4021 Morgan Rd.

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:

Francelonne Charles-Jones

Name

4021 Morgan Pd

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

Tallahasse, Pt. 32305

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)

Registered Agen's Signature (REQUIRED)

13 KM 13 AM 10

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
417	David a las Tars T
<u>MGR</u>	Douglas Lee Jones N 4021 Margan Rd
	Tallahassa Pl 32305
(Use attachment if necessary)	
effective date is listed, the date mi e of filing.) If the date inserted in this block d	ocs not meet the applicable statutory filing requirements, this date will not be list
	partment of State's records.
CLE VI: Other provisions, if any.	
REQUIRED STOVATURE:	J. A.
REQUIRED STONATURE:	re of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b). Florida Statutes.
REOUIRED STONATURE:  Signatur This document	is executed in accordance with section 605.0203 (1) (b). Florida Statutes, tany false information submitted in a document to the Department of State
Signatur This document I am aware that constitutes a th	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

ARTICLE IV-

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